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**ONE WOMAN'S
LIFELONG JOURNEY
TO WEIGHT LOSS**

Heart Break

WHY YOU SHOULD
PROTECT YOUR TICKER
AT AN EARLY AGE

Social Life at The Oaks

Friendships are
key to health and
happiness

World-Class Cancer Care

3 patients
share stories of
WK's expertise



Willis-Knighton's Regional Prominence in Eye Surgery



**CLEAN
HANDS KEEP
YOU HEALTHY.**

Wash your hands with soap
and water for at least

20 SECONDS.

LIFE IS BETTER WITH

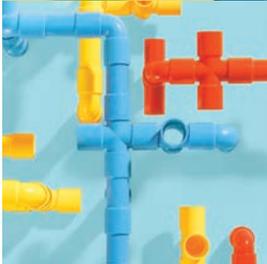
**CLEAN
HANDS**



www.cdc.gov/handwashing



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24

Features

10 Young at Heart?

Discover how to break the cycle of increasing heart attacks among young people.



28

16 The Power of the HPV Vaccine This one-time immunization can protect against cervical and other cancers.

20 Ow, My Joints!

Knowing the cause of your achy wrists, hips and knees can guide your direction for treatment.

34

24 Connecting on IBS

A GI doc answers the questions you might be embarrassed to ask.

56

28 A Lifelong Journey to Weight Loss Meet a mom who lost 100 pounds after finally finding her motivation to get healthy.



38

Could you benefit from lung cancer screening?



49 Best in Class

Patients and doctors share why Willis-Knighton leads the region in cancer care.

52 Kindred Spirits

Oaks residents socialize and develop friendships, which are good for mental and physical health.

54 The Eyes Have It

The Willis-Knighton Eye Institute has a storied history and a clear view of the future.

Departments

2 Perspective

3 Fit & Well

4 In the Know

5 Upcoming Events

6 Inside The Oaks

7 Bon Appétit

8 Spotlight

32 The List: Brain health

34 This Just In

38 Fact or Fiction: Lung cancer screening

40 DIY: How to deal with negative people

42 The Quiz: Identifying "helicopter children"

44 At a Glance: Organ donation

46 In the Market: Scallions three ways

48 ICYMI

56 Oaks Resident Profile

32

Save your brain with a quality multivitamin



In Appreciation

AS OUR LIVES CHANGE, WILLIS-KNIGHTON'S PURSUIT OF QUALITY HEALTHCARE REMAINS

For most of my life, I have been fortunate to live in a mild climate. During my younger years in military service and graduate education, I lived in colder climates. That's helped me appreciate our moderate temperatures, especially during the winter months. Sometimes I think it's easier to appreciate what we have if we can compare it to something else.

Seniors may find it hard to compare life today to the years of their youth. We are carefree as children, but then come the responsibilities of furthering our education, providing for a young family, building a career, accepting the debt and maintenance of a home and more. When the nest is emptied of children, the career becomes stable and the house is paid for, it's almost as if we received not just a raise but also some free time. Then, however, we are faced with the reality of a house that's old and too big, plus the costly maintenance that goes with it.

Residents at The Oaks have recognized that they can live comfortably in an apartment home in this beautiful community. They can enjoy exercise, swimming, walking trails, gardening and, of course, excellent dining. Best of all, it's all covered in their monthly lease. Terrie Roberts interviews people who are living fulfilling lives at The Oaks. See the story on page 52.

When we're in our 40s, a decline in vision is inevitable with the need for reading glasses and, later, the likelihood of cataract surgery. Fortunately, these all can be addressed through the technology and expertise of eye care experts at Willis-Knighton. Read Marilyn Joiner's story on page 54 for insight into WK's leadership in eye surgery.

The diagnosis of cancer is a tough one to handle. I am always uplifted when patients and family members share their appreciation for the care at Willis-Knighton Cancer Center. It's not just our technology that is impressive. The doctors and staff truly put heart into what they do. Learn more in Darrell Rebouche's story on page 49.

The Oaks, the Willis-Knighton Eye Institute and Willis-Knighton Cancer Center are just three examples of investments Willis-Knighton has made to enhance the lives of people in our region. Our board of trustees is composed of local citizens who volunteer their time and talent to assure this community has some of the best healthcare in the nation—and in the world. When you need healthcare, Willis-Knighton is Always Here.



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President and CEO



James K. Elrod,
President and CEO

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Strengthen Your Knowledge

UNDERSTANDING COMMON EXERCISE TERMS

BY COURTNEY HERZOG



If you've decided to commit to a regular exercise routine, you should familiarize yourself with the basic terms of fitness and exercise.

No doubt you've heard a few of these acronyms or some of the workout lingo at the gym or from a workout DVD. You may even have seen them in stories in fitness magazines. But do you know what they mean? Here's a guide.

1 HIIT: HIGH INTENSITY INTERVAL TRAINING.

With this form of exercise, you alternate between periods of intense exercise and lower intensity exercise within a session. An example is a 30-second sprint



Courtney Herzog

followed by a minute of walking for 20 minutes. This format is great for burning maximum calories in minimum time.

2 AMRAP: AS MANY ROUNDS (OR REPETITIONS) AS POSSIBLE.

With AMRAP, you will perform as many rounds of a workout or repetitions (reps) of an exercise as you can within a given time. Doing 15 chest presses, 15 rows and 15 shoulder presses as many times as possible in 15 minutes or doing as many jump squats as possible in 2 minutes are examples of AMRAP. These workouts are an easy way to push harder and measure fitness improvements. Maybe the first time you did an AMRAP you could only

complete four rounds, but a month later you were able to complete six rounds.

3 EMOM: EVERY MINUTE ON THE MINUTE. This means performing a certain number of reps of an exercise in 1 minute. An example of an EMOM is 30 kettlebell swings in 1 minute. If you finish before the minute is up, you rest until the minute is over, then repeat for as many minutes as the workout prescribes. The quicker you finish the exercise, the more rest time you have. EMOM moves usually consist of full body exercises, such as burpees, pushups or push-presses.

4 CIRCUIT. With this type of workout, you perform a series of exercises, one after another, with no rest in between moves; rest comes after one full circuit has been completed. Circuits can either be timed (45 seconds per move) or have a set number of reps (12 reps of each move). If you're looking to combine strength and cardio, circuits are a perfect choice.

5 COMPOUND EXERCISE. This is a move that works more than one muscle group simultaneously. Bench presses recruit muscles of the chest, shoulders and triceps. Rows, shoulder presses, squats, deadlifts, pushups, planks and pullups are other examples. For the average person, compound exercises are an effective way to strength train.

6 FUNCTIONAL TRAINING. This includes exercises that train the body to move efficiently as one unit and often mimics movements done in everyday life, with an emphasis on core stabilization. Many compound movements are also functional exercises. ●



Willis-Knighton
cares about hearts
throughout our
community

How Healthy Is Your Heart?



February is Heart Month, the perfect time to learn about your risk for heart disease and the steps you need to take to get heart healthy. Willis-Knighton has implemented a new online heart risk health assessment tool, a national risk test. You'll gain insight about your risk for heart disease, and if you have risk factors, you will find options to help you minimize your risk or address your concerns.

Please be as accurate as possible to assure you get meaningful results. For the most accurate result, you will need a general idea of your usual blood pressure ranges. Visit wkhs.com/vim/myheart to take the heart risk assessment.

Coming Soon:

New Neighbors in Benton

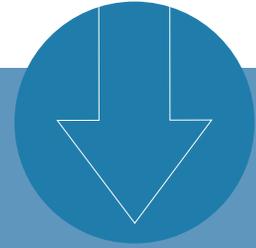


WK Palmetto Village is being designed to transform the former Palmetto Country Club in Benton into a master-planned health and wellness community. Upon purchasing the neglected property, Willis-Knighton initiated a maintenance plan while the executive team reviewed options for development.

The first major project undertaken was a total renovation and repurposing of the former clubhouse, which is now WK Palmetto Clubhouse. A grand opening is anticipated soon for this spacious multipurpose building that will be made available

for community use for events and activities. The second floor ballroom, now The Palmetto Ballroom, will accommodate large groups, while smaller rooms on the first floor will also be available. North Bossier resident Rhonda MacIsaac has been tapped to manage Palmetto Pavilion and is looking forward to helping groups plan events on the property.

Phase 1 of the medical development, now under construction, will bring WK quality primary care with a fast track option and basic diagnostic services to Benton. Additions to WK Palmetto Village will continue in response to needs identified by Willis-Knighton and the community.



By the Numbers

Willis-Knighton Heart & Vascular Institute offers innovative cardiovascular care

22

Cardiologists



4

Cardiovascular Surgeons



12

Cath Labs



1

Hybrid Suite



→ MARCH 14

“Tea at the Tower: An Afternoon Downton Style”

Inspired by the hugely popular PBS series *Downton Abbey* and its big-screen follow-up of the same name, The Oaks of Louisiana is hosting an afternoon tea that would make Lady Mary and even the Dowager Countess of Grantham smile. Guests will enjoy a full English tea as Cheryl White, PhD, associate professor of history at LSU, shares the history behind the British tradition of high tea, tea etiquette and more.



⊗ “Tea at the Tower: An Afternoon Downton Style” is from 2 to 4 p.m. Saturday, March 14, in the Tower at The Oaks Ballroom.

⊗ The event is open to the public and guests are encouraged to dress in period clothing. The cost is \$20. Register online at wkhs.com (click “Classes & Events”) or by phone at 318-212-8225.



PHOTOS BY GETTY IMAGES



→ APRIL 6

“Exploring the Shroud of Turin”

The Shroud of Turin: Is the image of a man on the linen cloth Jesus Christ? Is the fabric the burial shroud of Christ after His Crucifixion? Cheryl White, PhD, associate professor of history at LSU and Shroud scholar, will discuss these questions and more in a timely program this Holy Week leading up to Easter.

⊗ “Exploring the Shroud of Turin” is at 5 p.m. Monday, April 6, in the Alta and John Franks Community Centre.

⊗ The event is free and open to the public. Register online at wkhs.com (click “Classes & Events”) or by phone at 318-212-8225.

Salad Celebration

MAKE IT A MEAL WITH THESE RECIPES FROM WILLIS-KNIGHTON AND THE OAKS OF LOUISIANA



Mediterranean Quinoa Tabbouleh Salad

Ingredients

- ⊗ 1 cup tricolored or red quinoa (for traditional recipe, use ½ cup bulgur wheat)
- ⊗ 4 Roma tomatoes, finely chopped
- ⊗ 1 cucumber, finely chopped
- ⊗ ¼ cup red onion, finely chopped
- ⊗ 2 bunches parsley, stems removed, finely chopped
- ⊗ 15 fresh mint leaves, stems removed, finely chopped
- ⊗ 4 green onions, both white and green parts, finely chopped
- ⊗ Pinch of Celtic sea salt
- ⊗ 4 tablespoons lemon juice
- ⊗ 3 tablespoons high quality extra virgin olive oil
- ⊗ 1 teaspoon ground cumin
- ⊗ ½ teaspoon cracked black pepper
- ⊗ Romaine lettuce leaves to serve

Instructions

Rinse quinoa and prepare according to the package directions. If using bulgur wheat, soak in water for 5 to 7 minutes. Drain well and set aside. Finely chop vegetables, herbs and green onions as indicated. Drain excess liquid from tomatoes. Place the chopped vegetables, herbs and green onions in a mixing bowl or dish. Add the quinoa and season with sea salt. Mix gently. Add the lemon juice, olive oil, cumin and black pepper and mix again. For best results, cover the tabbouleh and refrigerate for 30 minutes. Transfer to a serving platter. Tabbouleh is best served on a bed of romaine lettuce leaves as “boats” with a side of pita chips and hummus.

Yield: 8 servings.

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



Roasted Chicken Salad

Ingredients

- ⊗ 1 whole chicken (about 4 pounds)
- ⊗ 2 teaspoons olive oil
- ⊗ Salt and pepper to taste
- ⊗ 1 cup mayonnaise
- ⊗ ½ cup sour cream
- ⊗ 1 teaspoon thyme
- ⊗ 1 teaspoon tarragon
- ⊗ 1 teaspoon dill
- ⊗ 2 tablespoons Dijon mustard
- ⊗ Juice of 1 lemon
- ⊗ ½ cup celery, finely chopped
- ⊗ 1 cup apples, finely chopped

Instructions

Heat oven to 400 degrees. Remove chicken from package, rinse and pat dry. Place the chicken in a heavy bottom skillet and rub with olive oil. Sprinkle chicken with salt and pepper. Place in the oven for 30 minutes or until the thermometer placed in the thickest part of the leg reads 165 degrees and the juices run clear. Remove from oven and set aside to cool for 1 hour. Remove the skin and pull the meat off the bone in bite-size pieces. Set aside in a bowl. Mix mayonnaise, sour cream, herbs, mustard, lemon juice, celery and apples together. Pour over chicken and mix. Serve on bread or with crackers. Also great in an avocado.

Yield: 38 ounces.

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



→ MANAGEMENT PROFILE

Born and Raised at WK



April Johnson has roots at Willis-Knighton that couldn't run deeper. She was born there and has dedicated her entire 21-year career to WK.

Johnson is the director of laboratory services, overseeing all lab activities across the health system. She manages more than 300 people who administer more than 4 million tests per year.

She started as a medical laboratory scientist and in two years was named lab manager at Willis-Knighton South & the Center for Women's Health. In 2010, she accepted a new role as laboratory compliance officer; she excelled in that position and took on her current role in 2014.

"Willis-Knighton was always my family's hospital of choice, and I was super thankful to get a job there," she says. "I didn't interview anywhere else. When I got the job, I didn't even ask what the pay was."

Her rise through the ranks was rapid but well deserved. "I've had so many doors opened for me, and I wouldn't be where I am in my career today if it weren't for Willis-Knighton," says Johnson, adding that she's never looked for another job and doesn't plan to. "This is home. Why would I want to be anywhere else?"



→ WK EMPLOYEES

Active in the Community



Mamie Young, by day, makes hospital patients happy, even though they will never meet her. Young works in health information management, informally known as "medical records" at Willis-Knighton, as a discharge specialist. This means if you are about to get out of the hospital, Young gets all of the paperwork in order.

Her job is her livelihood, and she's been enjoying it for more than 15 years; but her passion is cooking for public servants. "I cook for the fire department, police, city marshal, doctors, nurses"—the list goes on. She will show up at a fire station or police headquarters with a tray of food just to say "thank you" to them. Or, she invites them to her house for a meal. She's been doing this routinely, at her own expense, for 27 years, working extra odd jobs to pay for the food.

This started when Young was 15 years old. Shreveport firefighters responded when her mother had a medical emergency at home. She wanted to show a gesture of gratitude and decided feeding first responders was the way to go.

"Just like those firemen help people, this is what I do to help them," she says. "It's a blessing that I can do that."

Looking Forward

A QUICK GUIDE TO THE FEATURES IN THIS ISSUE



PHOTO COURTESY OF STEPH GREGGOR



When you're starting at a high number, like 300, 400 or 500 pounds, you've just got to start one thing at a time. You have to start turning the ship.

—Steph Greegor, on her approach to losing more than 100 pounds
Page 28

Features

Young at Heart?

Page 10

Ow, My Joints!

Page 20

Connecting on IBS

Page 24

A Lifelong Journey to Weight Loss

Page 28



BALLOON PHOTOS
BY STOCKSY



**HEART ATTACKS CAN HAPPEN
AT ANY AGE—AND
THEY'RE ON THE RISE
AMONG THE YOUNG**

BY SHELLEY FLANNERY

ILLUSTRATION BY DAVID MILAN



Fully recovered from his heart attack, Bearett Wolverton enjoys family time with his wife, Jennifer, and their children, Jude (left) and Jennaleigh.



age 28, Bearett Wolverton had a lot on his plate: He was a husband, a father and a student nearing the end of seminary school. Who could blame him, then, when he decided to take a break and sit on his couch at home in Texas to switch on some

football? ➔ “I was watching a playoff game and felt a jolt in my chest and thought it was strange. But I really just thought it was indigestion or heartburn; it would come for about 10 or 15 minutes, and then it would go away for a couple of hours,” Wolverton says. “So it wasn’t until the next evening that I went to the ER to have it checked out.”

➔ Although he knew chest pain was a classic symptom of heart attack, neither he nor his wife, Jennifer, thought that’s what it could be. The couple agreed Wolverton would drive himself to the hospital and she would stay home with their young daughter.

AN UNLIKELY CANDIDATE FOR HEART TROUBLE

When Wolverton got to the emergency department, he described his symptoms and the triage team ran an electrocardiogram, or EKG. The test didn’t show anything of immediate concern.

Because of his age and therefore low likelihood of having a heart attack, Wolverton was sent to the waiting room.

It was five hours before he would see a physician, while doctors treated patients they deemed more urgent, based on industry standard protocols. Wolverton’s chest pain kept getting worse.

Eventually, emergency staff ran bloodwork and contacted the hospital’s on-call cardiologist. Wolverton ended up staying the night, and the cardiologist saw him the next day.

During the exam, the cardiologist told Wolverton that, given his age, he probably had



A third of heart attack survivors say chest pain wasn't one of their symptoms, according to the American College of Cardiology

inflammation of the membrane surrounding the heart that typically resolves on its own, and he shouldn't worry. He scheduled Wolverton for a heart catheterization, a diagnostic exam that involves inserting a thin tube through a blood vessel to internally examine the heart.

Finally, during the heart catheterization, the cardiologist discovered the scary truth: Wolverton had experienced a massive heart attack in his left anterior descending artery, a blockage so often deadly that physicians refer to it as the "widowmaker."

"All of a sudden, [the cardiologist] just goes, 'Oh, my God! Your widowmaker's 99.9 percent blocked,'" Wolverton says. "He said he'd only seen that one other time in a patient so young."

WHAT'S CAUSING EARLY HEART ATTACKS?

Heart attacks are declining overall, including in adults 65 and older, but they're on the rise in younger people.

The annual number of first-time heart attacks in adults ages 65 and older has been declining since the 1960s.

But the number of heart attacks that occur in people younger than 40 is increasing. Of the people who have a heart attack before age 50, 1 in 5 are age 40 or younger, and the proportion has increased each year for the past 10 years, according to a study co-authored by Ron Blankstein, MD, a member of the American College of Cardiology's Prevention of Cardiovascular Disease Section.

"When you look at why there are fewer heart attacks in general, some of it we attribute to wider use of medications like blood thinners and statins that lower cholesterol. And some of it has to do with the fact that there's less smoking than there used to be," Blankstein says. (Smoking is a contributor to heart disease.) "But then we ask, 'With the advances we've made in the field of cardiology, why do they seem to be less applicable to individuals who are younger than 50?'"

In reality, it's not that the advances are less applicable. It's that people are doing more damage to their hearts earlier in life by eating

Heart Failure Symptoms, Treatment

Heart failure doesn't mean the heart is no longer working. It means the heart isn't pumping as well as it should be to deliver enough oxygen- and nutrient-rich blood to the body's cells. Heart failure results in fatigue and shortness of breath, and daily activities such as walking or climbing stairs may become difficult or impossible.

Of the more than 6 million American adults living with heart failure, about 10 percent have advanced heart failure.

"If you are continuing to decline, traditional medication and treatment options are no longer working and you have been hospitalized more than two or three times in a year, you may have advanced heart failure," says Latif Bikak, MD, with Willis-Knighton Cardiology. He suggests getting a referral to an advanced heart specialist.

Testing and evaluation for heart failure can help determine treatment, Dr. Bikak says. Even with advanced heart failure, there are treatment options that can offer a longer life span.

"The left ventricular assist device is one option for those with end stage or advanced heart failure," Dr. Bikak says. "It allows the heart time to rest by placing a mechanical pump in the left ventricle."

Advances in technology and heart care provide more options for those experiencing heart disease.

"See a specialist and know your treatment options," Dr. Bikak says.

Oh my God!
 your widowmaker's
 99.9% blocked



Bearett Wolverton recalls his cardiologist's shock after discovering one of his arteries almost totally obstructed at such a young age.

poorly and being inactive, and the consequences are showing up sooner.

"It's very important for young individuals to be aware of their blood pressure, it's very important for them to be aware of their cholesterol levels, and it's important to pay attention to all modifiable risk factors," Blankstein says.

"The vast majority of heart attacks that happen to individuals of a young age are attributable to the same modifiable risk factors that cause heart attacks in older patients, which is good news," he says. "That means you can do something about it."

Those modifiable risk factors are being overweight; smoking; having high cholesterol, high blood pressure and diabetes; being inactive; and having a history of recreational drug use. In other words, even someone who is young can cause enough heart damage to lead to a heart attack.

"Fatty deposits in arteries can begin in individuals in their teenage years and progress throughout their 20s," Blankstein says.

Women appear to be even more susceptible to the trend. The number of heart attacks in young women has increased, according to the American Heart Association. And young women are even less likely than young men to get the proper diagnosis and treatment, so it's particularly important for women to advocate for their heart health.

HOW GENETICS PLAY A ROLE

Modifiable risk factors don't make up the whole story. According to Blankstein's research, about 10 percent of early heart attacks occur in people who have familial hypercholesterolemia, which is a genetic predisposition for elevated cholesterol.

"Much of your LDL cholesterol—that's your bad cholesterol—is genetically determined," says John Osborne, MD, PhD, a preventive cardiologist and American Heart Association volunteer. "Some people, fortunately, have low cholesterol because of genes, while other people, despite exercising, eating right and doing all the right things, can have very high cholesterol."

Osborne says cholesterol screening should begin in childhood to check for familial hypercholesterolemia. American Academy of

Pediatrics guidelines say children should have their cholesterol checked between ages 9 and 11 and again between 17 and 21, but very few kids are screened. One study found only 18 percent of pediatricians were ordering cholesterol tests for their preteen patients. More pediatricians—31 percent—ordered cholesterol tests for their 17- to 21-year-old patients.

“It’s just not on many pediatricians’ radars,” Osborne says.

Young adults have a better chance of being screened if they’re regularly seeing a physician, but that isn’t often the case.

“In their 20s or 30s, most people are pretty healthy and so they don’t see doctors,” Osborne says. “If you don’t show up to the doctor in the first place, then you can’t get your cholesterol checked.”

All adults at increased risk for heart disease should begin cholesterol screening at age 20, according to the U.S. Preventive Services Task Force. Men at average risk should begin screening at 35, and women at average risk should start at 45.

No matter what the cholesterol screenings indicate, people should still strive to live a heart-healthy lifestyle by being physically active at least 30 minutes a day five days a week, eating a diet rich in whole foods and not smoking.

“If you look at LDL cholesterol specifically, diet and exercise can offer about a 5 to 10 percent reduction,” Osborne says. Even more important, a healthy diet and exercise prevent diabetes and high blood pressure, conditions that increase risk for heart disease.

EARLY HEART ATTACKS AND LONG-TERM HEALTH

The unfortunate truth is that people who have a heart attack early in life are much more likely to have another one. But the news isn’t all bad. With cardiac rehabilitation, medication and lifestyle changes, people who had a first heart attack at a young age can live a long and healthy life.

“With the knowledge we have of what causes heart attacks and the current tools we have available,” Osborne says, “at least 80 percent of subsequent heart attacks are preventable.”

Completing a cardiac rehabilitation program can greatly reduce survivors’ future risk of heart attack and rehospitalization. In fact, the

Trust Your Local Heart Experts

Is heart disease affecting your quality of life? Willis-Knighton Heart & Vascular Institute has the technology and experts you need to improve your heart health. Visit wkhs.com/heart to learn more.

American Heart Association reports cardiac rehab has been found to reduce risk for not only heart disease but all causes of death by up to 47 percent. And yet, less than a third of heart attack patients participate in cardiac rehab, according to Million Hearts, an initiative by the Department of Health and Human Services.

Million Hearts recommends heart attack survivors look for a rehab program that consists of 36 one-hour sessions for optimal risk reduction and include supervised exercise, education on nutrition and heart-healthy living, individual treatment planning, psychological assessment and final outcomes assessment.

After Wolverton’s cardiologist opened his artery and placed a mesh stent inside to keep it from collapsing, Wolverton was released with a bevy of medications and a prescription for cardiac rehabilitation. He diligently followed his doctor’s advice and attended every rehab session. And though he didn’t see himself as that out of shape at the time of his heart attack, Wolverton dropped more than 50 pounds by exercising and living a life of moderation.

“I’m not going to be a vegetarian, but I have cut way back on red meat to about once a quarter,” he says. “I still have fast food sometimes, but not daily like I used to.”

Wolverton, now 31, is also on a lifelong regimen of aspirin, cholesterol medication and blood pressure medication. He doesn’t mind. He has another reason to stick to a heart-healthy lifestyle: He and his wife welcomed a second child—a baby boy—a year to the week after his heart attack.

“You can’t let a heart attack be the end of the world,” Wolverton says. “All you can do is try your best to find out what caused it and learn what you can do to prevent it from happening again.” ●

Symptoms You Should Never Ignore

Because Bearett Wolverton was young and his chest pain came and went, he didn’t seek treatment for his heart attack right away. But heart attacks can happen at any age.

Chest pain is the most common heart attack symptom in both men and women. Other symptoms include:

- ☉ Chest pressure or discomfort
- ☉ Discomfort or tingling in the arms, back, shoulders or jaw
- ☉ Shortness of breath
- ☉ Cold sweat
- ☉ Fatigue
- ☉ Nausea or vomiting
- ☉ Fainting or dizziness

If you experience these symptoms, even if they come and go, call 911.

If you’ve already had a heart attack, it’s important you familiarize yourself with all of the symptoms. Not all heart attacks feel the same, even in the same person, according to the American College of Cardiology. So your next one might be very different from your first.

THE
POWER
OF THE

H P V

V A C C

**As experts
imagine a
future without
cervical cancer,
other HPV-
related cancers
are on the rise**

**BY LAURA
ARENSCHIELD**

Brian Hill was 49 years old when he was diagnosed with stage 4 oropharyngeal squamous cell carcinoma—cancer of the throat, specifically the part of the throat at the back of the mouth.

It was 1997. Hill had never smoked and didn't drink alcohol—two main risk factors for this type of cancer—and, at the time, neither he nor his doctors understood that the human papillomavirus, the most common sexually transmitted virus, could cause throat cancer.

“Even the best medical institutions were calling my cancer an unknown,” says Hill, who is founder and executive director of the Oral Cancer Foundation. “They really didn't know the origin of it.”

Much has changed since then. People generally understand that HPV causes cervical cancer in women. But many still don't know that HPV can lead to five other types of cancer, including cancers of the back of the throat, like Hill's, as well as anal, vulvar, penile and vaginal cancers. →

NINE



Protect the Future of Your Children

If you knew you could protect your son or daughter from certain cancers, would you? Now you can. Randall G. White Jr., MD, with WK Preferred Pediatrics, says the introduction of the HPV vaccine can help prevent people from getting infected with the cancer-causing human papillomavirus.

HPV can lead to certain cancers and diseases later in life for both males and females.

The Centers for Disease Control and Prevention estimates 79 million Americans, most in their late teens and early 20s, are infected with HPV. It is the most common sexually transmitted infection that can lead to cancer.

"Everyone between ages 11 and 26 should be vaccinated," Dr. White says. "The vaccine reduces the risk of contracting and spreading the disease. And that is good for everyone." Dr. White recommends his patients begin the vaccine at age 11, so by age 15, they will have completed the vaccine course.

Talk to a doctor about vaccinating your sons and daughters, Dr. White says. "It is important to have an informed conversation with your child's doctor or health-care provider to decide how best to protect your child," he says.

"The HPV vaccine is cancer prevention," Dr. White adds. "And prevention is always better than the cure."

And as girls get older, Pap tests can play a key role in protecting their health. There is currently no routine screening test for HPV in males, but regular checkups are advised.

HPV is widespread—if you have had sex, you have likely been exposed to it. About 79 million people in the U.S. have HPV—and the Centers for Disease Control and Prevention estimates 14 million are newly infected each year. In most cases, the body's immune system attacks the virus and kills it, and a person never knows it was there. But sometimes, it causes serious problems, laying the groundwork for future cancers.

HPV-Positive Throat Cancers Increasing

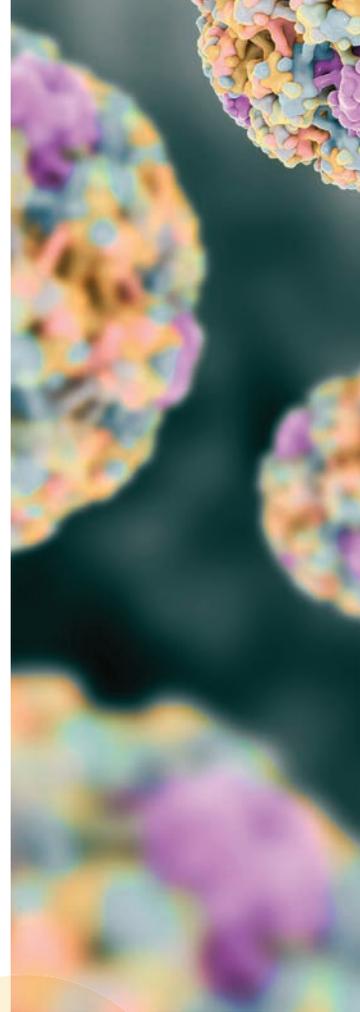
Each year, about 34,800 cases of cancer are found that are probably caused by HPV, according to the CDC. A little less than a third of those are cancers of the cervix. More than a third are cancers of the oropharynx, the back part of the mouth that includes the back third of the tongue, the tonsils, the soft palate and the side and back walls of the throat.

The rate of oral and throat cancers that are not caused by HPV has been dropping, while oropharyngeal cancers caused by HPV are increasing. From 1988 to 2004, one study found, the rates of oropharyngeal cancer where signs of HPV were present increased by more than 200 percent.

And oral cancers that show signs of HPV disproportionately affect men.

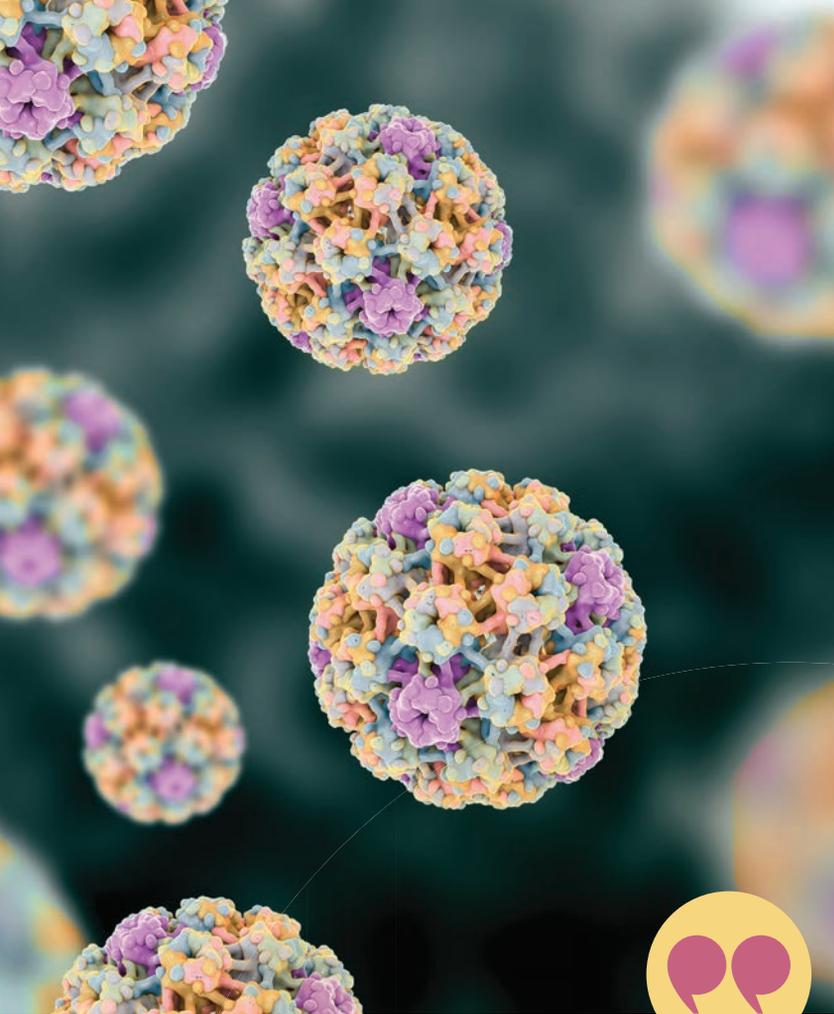
"In a 15-year period, the number of men diagnosed with oral cancer in the United States has doubled, and we think it is because of HPV," says Anna Giuliano, a research professor for the American Cancer Society. "So, we do of course still care about preventing cervical cancer—absolutely, that is a major global problem. But in the United States, what is emerging is this significant rise in the incidence of oral cancers associated with HPV. This is not just a female disease."

And even though researchers say the most effective way to prevent HPV—and HPV-associated cancers—is through the HPV vaccine, many people still don't get vaccinated or choose to vaccinate their children. As of 2017, the most recent data available, about half of adolescents in the U.S. were up to date on HPV vaccines.



Talk to a Doctor About HPV

Wondering whether the HPV vaccine is right for your family? Talk to a certified OB-GYN in the Willis-Knighton Physician Network to answer your questions. Visit directory.wkhs.com.



HPV Vaccine Is Well-Studied and Safe

Concerns about the vaccine's safety are unfounded, says Debbie Saslow, senior director of HPV-related and women's cancers at the American Cancer Society.

"There have been more than 100 studies with more than 2.5 million people in at least six countries—that's a lot of safety data," Saslow says. "And all of them have shown that this vaccine is extremely safe and that there aren't any serious side effects."

Researchers are so certain of its effectiveness that they believe the HPV vaccine can prevent more than 90 percent of cancers caused by HPV—and that, largely because of the vaccine, cervical cancer might be the first cancer to be eliminated.

The HPV vaccine, first approved by the Food and Drug Administration in 2006, was initially approved for girls and women ages 9 to 26. It was later approved for boys and men in that same age range. In 2018, the FDA approved the vaccine through age 45 for all genders.

In the United States, what is emerging is this significant rise in the incidence of oral cancers associated with HPV. This is not just a female disease.

—Anna Giuliano,
research professor
for the American
Cancer Society

Age at Vaccination Matters

The vaccine works best if it is given before a person has a sexual encounter. The CDC recommends vaccinating around age 11 or 12, but researchers say it can also be given to children as young as 9. That can be difficult for parents to think about, but it is necessary to keep children safe from cancers later in life.

"There are parents who are giving their kids other shots and not giving them the HPV vaccine," Saslow says. She says some parents think that by giving their kids the HPV vaccine, they are giving them a license to have sex.

"We don't tell our kids 'Don't wear seat belts or don't wear bike helmets, because if you do, you'll be a more reckless driver or bike rider,'" she says. "We need to be protecting our kids from this virus."

Adults can benefit from the vaccine, too. While most adults have been exposed to some types of HPV, they probably haven't been exposed to all types yet. Of the more than 100 types of the virus, 14 can cause cancer, and two strains cause 70 percent of cervical cancers. The most common vaccine prevents against the four strains most likely to lead to any type of cancer.

"To prevent all of the other cancers—oropharyngeal, vaginal, anal, penile and vulvar—vaccination is the centerpiece," Giuliano says. "We have a lot of research that's ongoing to develop screening tests for the other cancers, but we don't have any in routine practice right now."

Until routine screenings are established, people need to be aware of their bodies and monitor where they can for changes.

Hill speaks in a raspy, gravelly voice—a daily reminder of his radiation therapy, which killed the cancer and also damaged his vocal cords. And since his last treatment in 1999, he has devoted his life to helping people understand that HPV can cause cancer.

"You're not going to avoid being exposed to HPV if you're having sex at all—it's not possible," Hill says. "But this vaccine, it allows us to prevent children from ever getting the virus. And if you can't get the virus, you can't get the things the virus causes, and that means all these cancers." ●



OW MY JOINTS!

**Understanding your pain—
and how to beat it**

BY ALINA DIZIK

Achy joints can make everyday activities feel like a chore. Whether you're preparing dinner, picking up a child or simply climbing the stairs, pain from knees, hips, wrists and other joints can limit our ability to lead a full life.

Fortunately, there are solutions. But investigating where your joint pain is coming from takes time. There are many steps to take, including imaging tests such as X-rays or MRIs. And you may need to visit several experts—from family doctors and physical therapists to orthopedic surgeons—before finding relief. ➔

Persistence is worth it. Understanding the source of your joint pain will make it easier to come up with a treatment plan that really works.

Feeling achy? Here's what to know.

Why Joints Are Prone to Aches and Pains

Because joints help keep the body in motion and are constantly in use, they are prone to damage. Pain within the joints of the back, knees, hips, ankles and hands is often due to osteoarthritis caused by deteriorating cartilage (the padding between bones). Other times, an injury or even persistent bad posture can lead to chronic pain or cause a sprain (a stretch or a tear in the ligament that connects the bones at the joint).

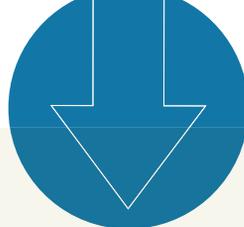
"You could have joint pain in any joint in the body for a variety of reasons, so it's not always easy to understand the pain," says Sanjeev Bhatia, MD, a board-certified orthopedic surgeon and consulting team physician for the U.S. Ski Team.

Pain can come from multiple parts of the joint, including ligaments that connect to the bones to form a joint, tendons that connect the joint to the muscle to help keep bones in place, cartilage that reduces the friction in the joint and fluid-filled sacks called bursas that provide cushion, Bhatia says.

When Acute Injury Is the Culprit

If joint pain comes on suddenly, a timely doctor visit is critical. Whether you strained your elbow on the tennis court or pulled your back after a car accident, a sudden injury can develop into joint pain that may be harder to treat down the line.

"If it's an acute injury, it's usually a good idea to get diagnosed early," Bhatia says.



The First Question Your Doctor Will Ask

Joint pain can range from distracting to debilitating. Certainly, you want to feel better and your doctor wants to help. "The first thing we want to do is determine the exact source of the pain," says Jason Kinkartz, MD, an orthopedic surgeon specializing in sports medicine surgery at The Orthopaedic Clinic in Shreveport.

Dr. Kinkartz explains there is pain that occurs from problems outside the joint (extra-articular) and pain that emanates from inside the joint (intra-articular), and it is important to distinguish between these.

"Intra-articular pain, such as a loss of cartilage caused by osteoarthritis, can worsen over time, leading to progressive pain and dysfunction," Dr. Kinkartz says. Extra-articular pain, such as tendinitis, can cause similar effects.

"We will work with you to make the best decision about how to treat your joint pain," Dr. Kinkartz says. "We will look for nonsurgical solutions first. Our goal is to help you be pain free and back to full activity."

▶ A Partner to Manage Joint Pain

The WK Physical Medicine & Rehabilitation Institute offers hope to people by partnering with them to obtain optimal levels of independence. Discover more at wkhs.com/physicalmedicine.

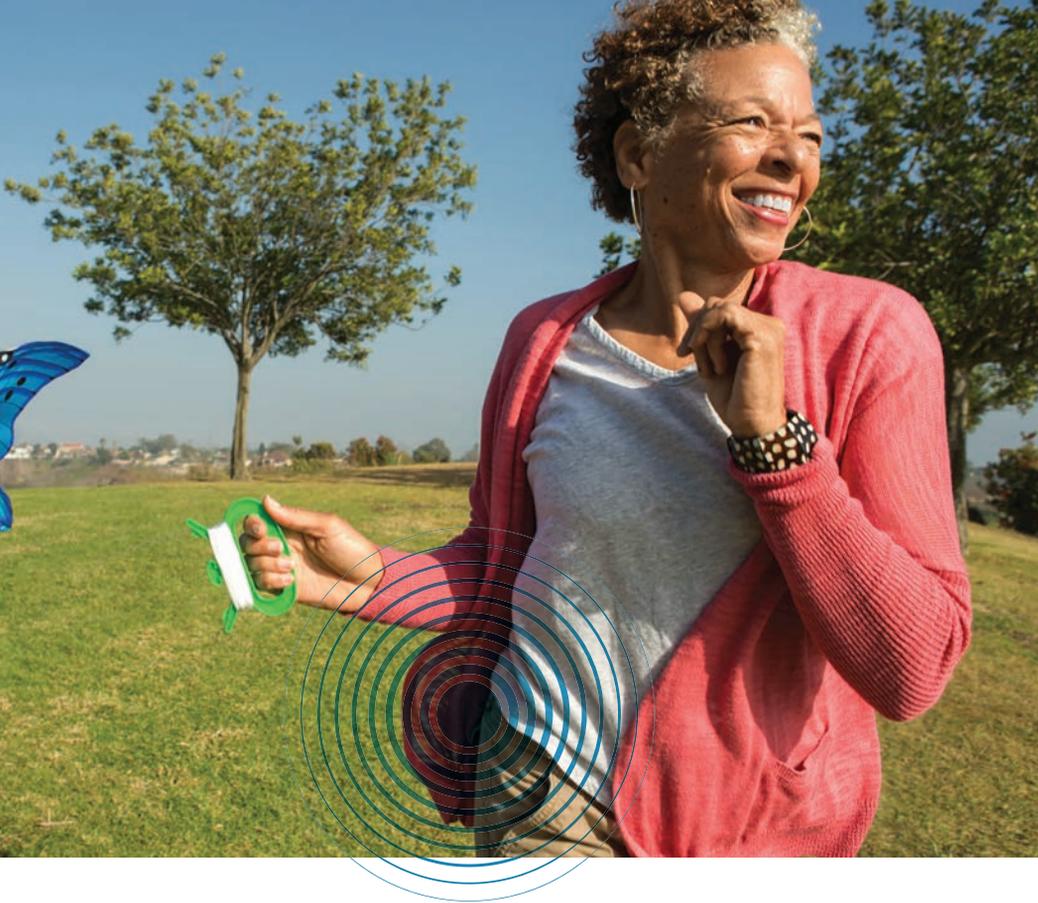


Much of the time, sudden-onset joint pain will go away in weeks with proper conservative care, including physical therapy, anti-inflammatory medication, like ibuprofen, and rest. Ignoring the pain can make it linger or cause additional damage.

Many acute injuries can resolve without the need for surgery, Bhatia says. "The first-line treatment is a physical therapy program. That's always where we start. Then we look at injections and medications."

To Test or Not to Test

Imaging tests can help providers diagnose some types of joint pain. For instance, a simple X-ray can be beneficial to better understand whether cartilage has degenerated, says David Konstant, DPT, a physical therapist and member of the American Physical Therapy Association. Additionally, an MRI can give a more detailed picture of some types of abnormalities or disease. But while the source of arthritis-related pain is often visible on these images, a strain may be harder to spot, he adds.



Finding Relief

For people with joint pain, conservative measures are often the first line of treatment. Start with over-the-counter medications such as NSAIDs that can decrease inflammation, pain and stiffness. Make an appointment with your doctor if symptoms are getting worse or not resolving after a few days.

In some cases, cortisone injections can help with joint inflammation. While some newer experimental injectable options such as platelet-rich plasma and stem cells are increasingly offered to patients, there is only anecdotal evidence that these may work, Dingle says.

Don't discount time as a healing factor, Konstant adds. Sometimes pain can spontaneously resolve on its own, even after several years. For instance, frozen shoulder (also called adhesive capsulitis), which is common with women in middle age because of a tightened joint capsule (the sac that envelops the end of the bones), often resolves on its own.

But even though some joint pain can go away without serious intervention, don't wait to see a doctor. Especially for younger people, joint pain signals an increased risk of arthritis later in life, so getting an early diagnosis is critical, Bhatia says. For instance, hip pain that comes from increased friction within the joint can ultimately make that joint prone to arthritis-related inflammation.

"Hip impingement is usually a precursor to hip arthritis later in life," he says.

For older people living with arthritis, working with your doctor to create a road map for how to maintain your joints through an exercise regimen is key, Dingle says. "As a general rule, arthritic joints like some activity, but don't overdo it." •

In certain circumstances, it's best to wait on X-rays and MRIs. "For some patients, imaging can just add to the confusion," Konstant says. Besides imaging, he uses physical therapy exercises to conduct a thorough evaluation of the joint before developing a diagnosis.

Also, the American College of Physicians has found that conducting imaging including MRI and CT for pain in the lower back (which includes the sacroiliac joints) is not associated with better patient outcomes.

Understanding the Hips and Knees

When it comes to joint pain, hips and knees tend to take the spotlight because they are more commonly affected by osteoarthritis.

In 2014, nearly 15 million people reported arthritis-related joint pain, an increase from 10 million in 2002, according to data from the Centers for Disease Control and Prevention. Arthritis presents with stiffness, aches and difficulty switching positions

or moving, says Sean Dingle, MD, a fellow of the American Association of Orthopaedic Surgeons. "It's fairly easy to differentiate an arthritic kind of pain" from joint pain caused by an injury, he says. (Rheumatoid arthritis can cause similar symptoms but is an autoimmune disorder that can develop at any age.)

Hip pain also can result from bursitis or hip abductor tears, which often hurt on the outside of the hip. Another common cause is femoroacetabular impingement, a condition in which extra bone grows alongside the hip joint. As for the knees, buildup of synovial fluid that lubricates the knee joint, meniscus or cartilage tears, tendonitis and bursitis from overuse are especially common causes of pain. When the joint in a nonarthritic knee is causing pain, you may also experience some locking and catching as you use the knee, Dingle says.

Since hips and knees support a significant percentage of body weight, the extra stress from carrying your body weight means it's possible to experience joint pain even in your younger years, he adds.

7
Joint pain is considered severe when a person rates it a 7 on a scale of 0 (no pain) to 10 (unbearable pain)

Source: Centers for Disease Control and Prevention



CONNECTING

ON IBS

Doctor Q&A: A gastroenterologist explains irritable bowel syndrome, a common digestive disorder that can affect a person's quality of life and afflicts more women than men

BY LEXI DWYER

Although it doesn't cause long-term damage to the gut, irritable bowel syndrome, or IBS, is a digestive condition that leads to symptoms such as abdominal pain, diarrhea, constipation, nausea and bloating. IBS affects an estimated 8 to 15 percent of Americans and is more common in women.

"For every two men in the United States with IBS, there are three women," says Madhusudan Grover, MD, MBBS, a gastroenterologist and spokesman for the American Gastroenterological Association.

The symptoms can be severe and cause daily difficulties for people with IBS. Grover answered our questions about this common and challenging syndrome.

❖ How is IBS diagnosed?

Grover: To be diagnosed with IBS, you need to have a combination of abdominal pain and bowel dysfunction such as diarrhea or constipation, and there needs to be an association between the two, so the pain improves with a bowel movement or gets worse. If someone has only abdominal pain, constipation or diarrhea, that's not IBS. ➔

❖ Are there different kinds of IBS?

Grover: Yes. When we look at patients with IBS, we divide them into three categories. About a third have diarrhea-predominant IBS, a third have constipation-predominant IBS and the rest have mixed IBS, meaning they can have symptoms of both. We have learned from long-term studies that these symptoms can fluctuate. Somebody may have more problems with bloating, but if you survey them many years later, they might say that nausea or diarrhea is their most bothersome symptom. And people can sometimes switch categories, so if somebody has IBS with diarrhea, we may see them many years later and find they have IBS with constipation.

❖ Why are women more commonly diagnosed with IBS?

Grover: Studies have suggested that there are clear differences in terms of physiology in the gut bacteria in men and women and that women are more vulnerable to injury from infections or foodborne illnesses, which have been associated with IBS. So it is possible that due to differences in microbiota (the living organisms inside the digestive tract), women react differently to an infection than men do.

Another thing is hormonal differences, and IBS could be triggered through a hormonal mechanism. Some studies are looking at men's and women's levels of serotonin (a chemical that helps influence well-being and regulate bowel function).

The other important paradigm is that a history of abuse (and the resulting psychological effects of the trauma) has been associated with IBS. Abuse can happen to both men and women, but it's more common in women, so that may be one of the factors that drives the higher number of cases.

❖ How do you treat patients with IBS?

Grover: We use a multi-tier approach. Sixty percent of patients have mild IBS. This means that they would likely improve with dietary changes, avoiding foods that trigger symptoms or some simple treatments. If they have diarrhea, they might take an over-the-counter medication like loperamide. If they have constipation, they might take a fiber



OUR EXPERT



Madhusudan Grover, MD, MBBS, gastroenterologist and spokesman for the American Gastroenterological Association

supplement, increase their water intake or exercise more regularly.

Then we move up the ladder and deal with people who have more moderate to severe symptoms, which tend to be patients who are seen in the gastroenterologist's office. What is interesting with these patients is that stress plays a heavier role. The brain has a stronger influence. And many of these individuals have had long-term symptoms that affect their work productivity, their quality of life, things they can't do with their kids and grandkids and so forth. So that's the group that we may offer prescription medications.

On the severe end of the spectrum, if someone is on disability leave and can't work, for example, or is in a lot of pain, then we think about partnering with a psychologist or a pain rehabilitation center (where patients can learn techniques, such as cognitive behavior therapy, to manage pain) to get them the treatment they need.



Gut Trouble? Come to Willis-Knighton

Are digestive problems interfering with your daily life? Willis-Knighton offers a variety of digestive health and gastroenterology services at four locations. Visit wkhs.com/digestive-health to learn more.

...❖ You mentioned cognitive behavior therapy. What about prescribing antidepressants for IBS?

Grover: Antidepressants and behavioral therapies have been shown to be helpful in IBS, especially in the moderate to severe spectrum when pain is frequent or there is difficulty with quality of life, or both. Tricyclic antidepressants and selective serotonin reuptake inhibitors (SSRIs) have been tested in IBS. Typically, tricyclic antidepressants such as amitriptyline and nortriptyline are helpful in patients with IBS with diarrhea. SSRI drugs are more frequently used for IBS with constipation. These are usually prescribed in low doses, and we watch carefully for side effects. Psychotherapies like cognitive behavior therapy and hypnosis are also effective, especially if provided by therapists with an expertise in IBS and gastrointestinal disorders.

...❖ What foods make IBS worse?

Grover: It depends. It's not always easy to understand whether a food causes IBS or whether the body has developed a hypersensitivity to the food over time. So we have to be careful when looking at the diet.

I would say, typically, fatty, greasy foods and carbonated beverages can have an impact. We realize that things containing either high fructose corn syrup or artificial sweeteners can make symptoms worse, so regular soda and diet soda are equally bad when it comes to IBS. And, of course, if somebody has bloating or a lot of gas, carbonated beverages like beer and soda will make things worse. Another factor is the caffeine in cola and other drinks, which people may not realize is a problem.

...❖ What's the difference between IBS and IBD?

Grover: Inflammatory bowel disease (IBD) comprises two main subsets—ulcerative colitis and Crohn's disease. The mechanisms are quite different, and in active IBD, there is inflammation that can be seen during endoscopy and through biopsies, whereas in IBS, inflammation is not present. Symptoms like bloody stool, weight loss and fever should raise alarm for IBD and prompt additional work-up by a doctor. That being said, IBD patients can have overlapping IBS symptoms as well. ●

How to Manage Irritable Bowel Syndrome

With a chronic condition like irritable bowel syndrome, or IBS, it is essential to have a good relationship with your doctor and take care of your health.

There is no clear-cut way to diagnose IBS, says Amit Ahuja, MD, with Pinnacle Gastroenterology. You have to rule out many other diseases and conditions. "Most patients who have IBS experience abdominal pain, bloating, gas and diarrhea or constipation, or both," he says.

There is no cure for IBS, but there are ways to live with its daily challenges, Dr. Ahuja says. He recommends avoiding food triggers such as processed foods, dairy products and fried or fatty foods and targeting certain symptoms with medications. "Most important," he says, "make lifestyle changes to manage stress and anxiety and focus on your well-being."

Yes, IBS is a bummer, but you can turn it around by using your illness as a motivator for improving your overall health.

A Lifelong Journey to Weight Loss

**Steph Gregor
lost more than
100 pounds
after decades
of struggle**

BY JEANNIE NUSS



In 2003, when Steph Gregor was 27 and pregnant, she weighed her heaviest: 318 pounds.

After she gave birth to her daughter, Kerrigan, she decided she had to make a change.

“I’m sitting there looking at my kid, and I’m like, ‘What kind of mother do I want to be?’” she says. “Do I want to be an active, healthy mom and set a good example?”

So Gregor started making small physical changes—like eliminating soda and following a walking program—as she addressed underlying mental health issues that she says contributed to her weight gain.

Five years later, after making more changes to her diet, adding more strenuous workouts and striving to manage her anxiety and depression, Gregor was down to 183 pounds—135 pounds lower than her highest weight.

Now, the 43-year-old writer and independent filmmaker who lives in Columbus, Ohio, fluctuates between 180 and 200 pounds and has learned to make healthier choices.

Gregor is not alone in her struggle with weight. Nearly 40 percent of adults in the U.S. are obese, according to the Centers for Disease Control and Prevention. And excess weight comes with serious health risks. ➔



Not long after she topped out at 318 pounds, Steph Gregor decided to make healthy changes in her life. Today, Gregor, who is 5 feet, 10 inches tall, maintains her weight between 180 and 200 pounds.





PHOTO COURTESY OF STEPH GREGOR

“People who are obese or overweight have an increased risk of heart disease, hypertension and diabetes,” says Mary Ann Bauman, MD, a spokeswoman for the American Heart Association.

Enduring Body Shaming

Ever since she was a little girl growing up in the Midwest, Gregor struggled with her weight—and insults about her size.

When she was in elementary school, her father repeatedly called her fat.

“I didn’t even know what fat meant,” she says. “He was calling me that, and I didn’t realize there was a negative connotation to what my body shape was.”

Her father apologized later in life, but the comments took a toll.

“It was probably the first time in my life when I realized that the way I look had something to do with how much I was loved,” Gregor says.

Her classmates joined in on the meanness. In third grade, when she asked a crush to be her boyfriend, he replied, “I wouldn’t be your boyfriend. You’re fat.”

In eighth grade, another classmate said, “Why don’t you lose some weight, fatso?”

“It was a pretty devastating time for me,” Gregor says.

In high school and college, she struggled with anxiety and depression, which manifested in substance abuse, suicidal thoughts and weight gain. Things got better for a while after she changed colleges; she made a few friends, lost some weight and later met the man she went on to marry in 2000.

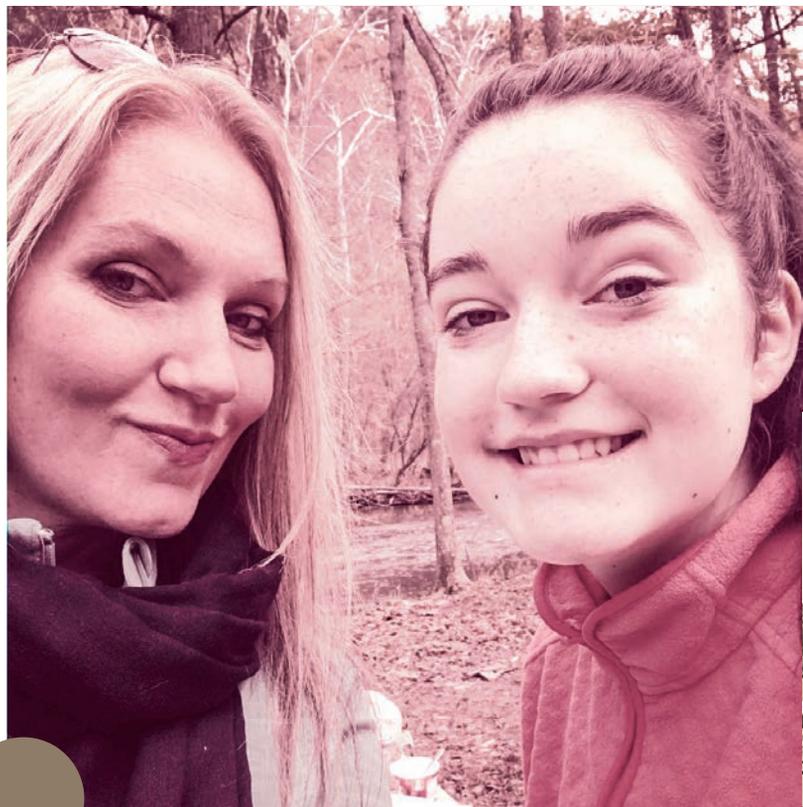
But a couple of years into the marriage, her mental health problems flared up again—this time with severe panic attacks and overeating.

“I couldn’t drive. I couldn’t leave the house,” she says. “I was eating constantly.”

Then, Kerrigan arrived in 2003, and the new mom decided to change her life.

“My approach to weight loss was: I want to fix the root issues,” she says. “In order to fix my weight, I actually have to fix me, and that’s going to require all of these massive changes.”

Gregor got a divorce, moved and changed careers, leaving a job that made her miserable. She dove into filmmaking and writing.



My approach to weight loss was:

I want to fix the root issues. In order to fix my weight, I actually have to fix me, and that’s going to require all of these massive changes.

—Steph Gregor





Get Help from a Local Expert

WK Weight & Wellness Solutions helps people identify contributing factors to their weight struggles and provide solutions. Call **318-212-4250** to learn more about medical and surgical options at Willis-Knighton.



Steph Greigor, inspired by her daughter, Kerrigan (top left), made healthy changes in her life, including kayaking and running, and switched from an unsatisfying job to a career in filmmaking (bottom).

She also addressed her mental health, using a workbook program to deal with anxiety and depression, and problems from her childhood. Slowly, she noticed a difference in her mood—and on the scale. She felt more positive, and the weight started to come off.

Eating to Lose and Starting to Move

While she was making big changes in her life, Greigor was making small changes to her diet, focusing on one food or habit at a time.

One week, she would stop drinking soda. Then, a week or two later, after adjusting to that change, she would tackle another habit, like eating too much candy or potato chips.

“When you’re starting at a high number, like 300, 400 or 500 pounds, you’ve just got to start one thing at a time,” she says. “You have to start turning the ship.”

When Greigor got down to 250 pounds, she cut calories to about 2,500 per day—compared

with the 4,000 or so a day she estimates she was consuming before.

As she lost more weight, she gradually reduced her caloric intake and paid more attention to portions and nutritional information.

When Bauman heard about Greigor’s story, she applauded the approach to losing weight in such a healthy and sustainable way.

“It can seem daunting to say, ‘I’ve got to lose 100 pounds,’ but to say, ‘I’m not going to have soda this week’ is something you can do,” Bauman says.

Greigor incorporated movement gradually, too, starting with walking and adding weightlifting and later running. She started running races, collecting a bunch of 5K medals before tackling two half-marathons.

“I felt like I could breathe easier,” she says. “I literally had nothing weighing me down.”

Dealing with Plateaus and Finding a New Normal

After steadily losing weight for five years, Greigor hit a plateau at 183 pounds. No matter how she ate or worked out, the scale would not budge. “Weight plateaus are super frustrating,” Greigor says.

She talked to a doctor, who advised her to be patient and give her body time to adjust to the massive amount of weight she had lost.

She waited and kept up her healthy habits. Finally, after about a year, she got on the scale and saw a different number: 179. She kept losing weight and eventually got down to 151 pounds. That weight didn’t last, though.

“That was hard to maintain, because I was not eating a lot,” she says.

In the past decade, Greigor, who is 5 feet, 10 inches tall, says her weight has fluctuated a bit, currently sticking between 180 and 200 pounds.

“I did gain some weight back, but I got control of it much faster,” she says.

Along the way, as Greigor has worked to maintain her new lifestyle, her daughter has followed her lead. The two work out together, and Kerrigan, now 17, says she’s been inspired by her mom to be healthy.

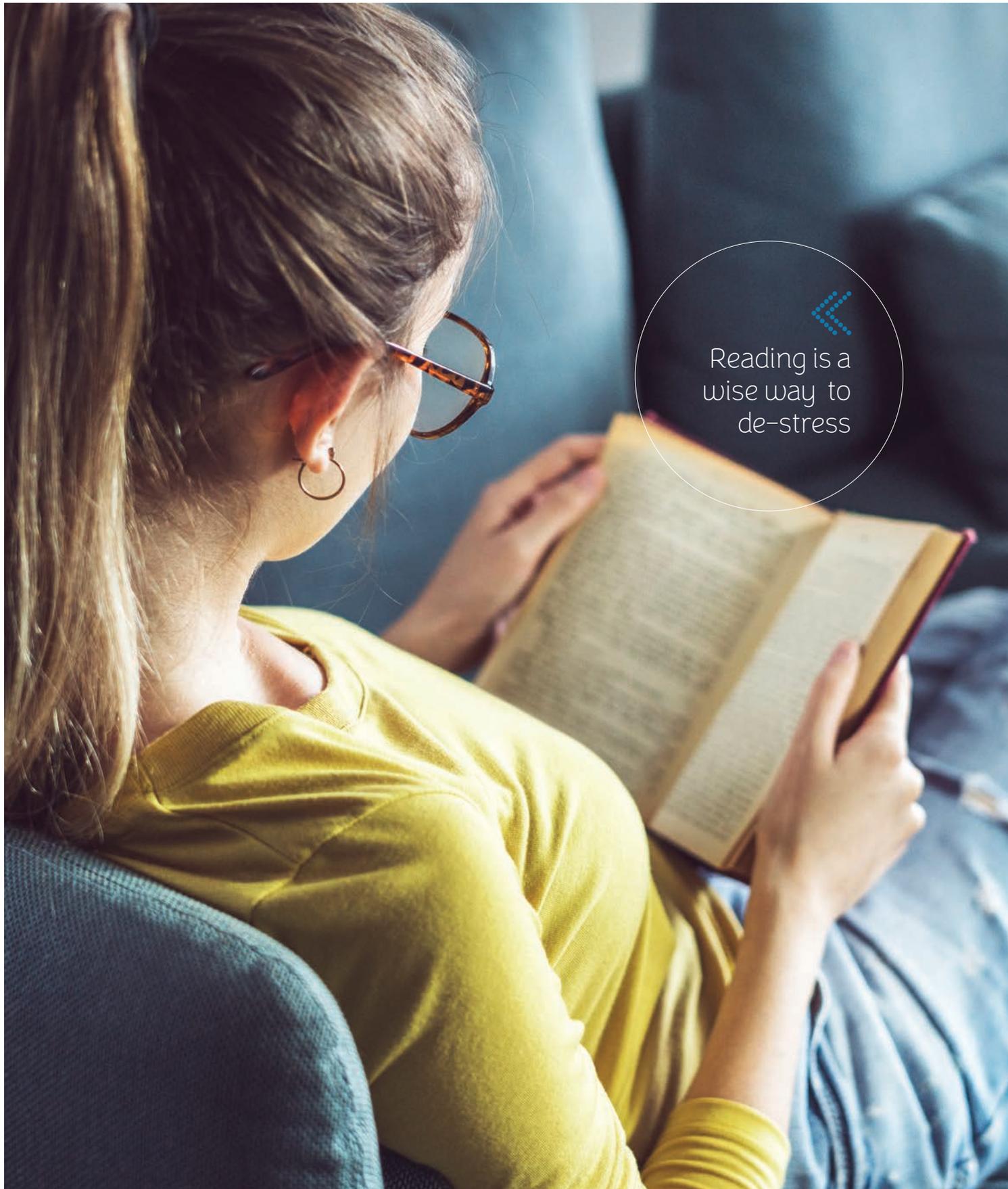
“She’s definitely a good role model,” Kerrigan says. “I’m really proud of her.” ●

3 Realistic Goals for Weight Loss

We all want to lose weight from time to time—sometimes a pound or two before swimsuit season, or many more pounds gained with a third pregnancy. Whatever the goal, losing weight is not easy.

“Set realistic goals rather than trying to change everything all at once,” says Julie Hartley, registered dietitian with Willis-Knighton’s Diabetes & Nutrition Center. She suggests you:

- 1 Remove sugar-sweetened beverages such as soda and sports drinks from your diet.** “These add up easily,” Hartley says, “and the sugar in them makes you crave more sugar.”
- 2 Eat at home when you can.** “At home, you control what you are consuming,” Hartley says. “In restaurants, you are getting high-fat, high-salt, high-sugar food.”
- 3 Get moving.** “Our bodies were made to move,” Hartley says. “Try to get 150 minutes of moderate exercise per week.”




Reading is a
wise way to
de-stress

Brain Savers

7 SMART WAYS TO PROTECT YOUR COGNITIVE HEALTH

BY ALLISON THOMAS



Eat right. Exercise. Get enough sleep. You know what it takes to keep your body healthy. But what about your brain?

Physician, nutritionist and author Steven Masley, MD, has studied arterial plaque—the fatty deposits in your blood that can clog your arteries and lead to heart disease, heart attack or stroke—and its connection to lifestyle factors that accelerate memory loss. In his book *The Better Brain Solution*, he shows how it's possible to safeguard your cognitive and physical health by taking the same healthy actions.

Here are seven things you can start doing today to help you stay sharp as you age.

1 Tame your stress.

Stress can increase your risk for heart disease and harm your brain in much the same way: through the damaging effects of the stress hormone cortisol. Besides increasing blood pressure, cholesterol and triglycerides, “high cortisol levels will literally shrink your brain, so keeping your stress in check is critical, but it’s not always easy to do,” Masley says. Find healthy de-stressors that work best for you, whether it’s meditation, exercise, massage, reading or working on a puzzle.

2 Monitor your blood sugar.

Arterial plaque growth and cognitive decline are closely linked to poor blood sugar control. “The same unhealthy diet and lifestyle choices that keep insulin from regulating blood sugar [i.e., risk factors for diabetes] also hurt our cognitive function,” Masley says. “It actually starves our brains’ nerve cells, which can lead to memory loss and dementia.” Have your care provider test your blood sugar regularly.

3 Don’t smoke.

Everyone knows smoking causes lung cancer and heart disease, but it’s also bad for brain health. Even if a cigarette seems to make the smoker feel more alert in the moment, that temporary attention boost is negated by a decline in problem-solving and cognitive function caused by tobacco over time.



4 TAKE A MULTIVITAMIN.

Masley recommends choosing a quality multivitamin that includes nutrients essential for optimal cognitive function: magnesium, chromium, and vitamins D, B9 and B12.

5 STAY ON THE MOVE.

The idea that greater aerobic fitness and strength lead to better brain performance is more than just a hunch. Masley’s research in the *Journal of the American College of Nutrition* found that fitness was the strongest predictor of overall cognitive function and decision-making. Aim for moderate aerobic activity two or three days per week and a day or two of strength training. He also recommends core strength and balance activities, such as Pilates, yoga or tai chi, once or twice per week.

6 Eat a Mediterranean-style diet.

Research shows it can help reduce the risk of cardiovascular disease and stroke while improving your HDL (“good”) cholesterol. Focus on leafy greens and other nonstarchy vegetables, as well as nuts, beans, berries and omega-3-rich seafood, like salmon. And get your fat from monounsaturated sources, like olive or avocado oil. A glass of red wine and a square of dark chocolate per day are not only permitted but also thought to offer protective health benefits.



7 Get your zzz’s.

If you’re not getting seven to eight hours of sleep per night, take action to safeguard your slumber. Set a consistent bedtime, avoid screens (TV, tablet, etc.) for at least an hour before bed, and make your room as dark as possible or wear a sleep mask. Limiting caffeine to your morning routine and being moderate with alcohol (no more than two daily drinks for men and one for women) can also help. •

Harvest the Power of Plants

PILING YOUR PLATE WITH

plant-based foods on a regular basis can lower your risk of type 2 diabetes.

Researchers found that consistency is key: Those who most adhered to a diet of predominantly plant-based foods and consumed little or no animal-based foods had a 23 percent lower risk of type 2 diabetes compared with people who ate plant-based diets less faithfully, according to a study in *JAMA Internal Medicine*. The benefits of the diet increase even more when the plant-based foods

28M

Approximate number of Americans who have type 2 diabetes, meaning they are not able to regulate blood sugar

Source: Centers for Disease Control and Prevention

are healthy ones, such as fruits, vegetables, whole grains, legumes and nuts, rather than less healthy options, such as potatoes, white flour and sugar.

Healthy plant-based foods improve conditions that contribute to type 2 diabetes, including insulin sensitivity, high blood pressure and inflammation. One of the most important protections a plant-based diet offers against type 2 diabetes is weight control—it helps with short-term weight loss and prevents long-term weight gain.

→ ACT ON IT Incorporate more healthy plant-based foods in your diet. An easy way to start: Eat one meatless meal each week built around beans, whole grains or vegetables, and have fruit—with its natural sweetness—in place of processed desserts. For more information about healthful eating, food planning and prep, visit the Academy of Nutrition and Dietetics website at eatright.org/food.





Load up
on veggies to
lower your risk
of diabetes



Vets with PTSD Are Especially Vulnerable to Certain Causes of Death

MILITARY VETERANS

with post-traumatic stress disorder are more likely to die from suicide and accidental injury than the general population.

A study in the *American Journal of Preventive Medicine* explored causes of death among veterans with PTSD so that help can be tailored to their needs. The study covered veterans who sought treatment for PTSD at Veterans Affairs facilities from 2008 to 2013.

The veterans in the study group died at a rate 5 percent higher than the general population. Those ages 18 to 34 died most often from suicide and accidents, including poisoning. In veterans ages 35 and older, the leading causes of death were heart disease and cancer.

Because the majority of the deaths are from preventable causes, targeted treatments from medical and mental health providers could save lives.

→ ACT ON IT

Veterans in crisis can talk to a responder with the Department of Veterans Affairs:

☎ **CALL**
800-273-8255
and press 1.

💻 **VISIT**
veteranscrisisline.net
to chat online.

📄 **TEXT**
838255.

Each option provides free, confidential support 24 hours a day, seven days a week, to veterans, active-duty service members, National Guard and Reserve members, and their family and friends.

Veterans can also find a PTSD therapist on ptsd.va.gov or use the Department of Veterans Affairs website maketheconnection.net for links to resources.

Death from Falling on the Rise for Older Adults

FALLS HAVE LONG BEEN A THREAT TO the health of older adults, but their devastating impact seems to be getting worse. Over 16 years, the number of falling deaths tripled for people ages 75 and older—from 8,613 in 2000 to 25,189 in 2016, according to a study in the *Journal of the American Medical Association*.

1 in 4

Number of Americans ages 65 and older who fall each year

Source: Centers for Disease Control and Prevention

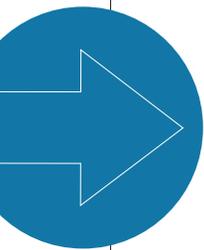
The increasing number of falls could be attributed to adults living longer with serious health conditions, including diabetes, which can lead to loss of balance, and to their taking medications such as opioids, which affect the nervous system and cause fatigue and dizziness.



→ **ACT ON IT**

Older adults concerned about falling should:

- Ⓞ **Get a comprehensive fall risk assessment.** These assessments, given by a primary care provider, measure factors including gait, balance and muscle strength.
- Ⓞ **Use Medicare as a resource.** When you enroll in the federal insurance program, you're entitled to a "Welcome to Medicare" visit in your first year and an annual wellness visit in subsequent years. Use these opportunities to evaluate your risk of falls with a medical provider.
- Ⓞ **Work with a doctor to review medications** that could cause falls, including opioids and sleep aids.



The Critical Importance of Pertussis Vaccine

Pertussis is a severe respiratory ailment associated with a violent cough that can persist for weeks. Joseph A. Bocchini Jr., MD, a pediatric infectious diseases specialist at Willis-Knighton, says, "The cough is severe enough that for people with no protection or immunity to pertussis, it may last up to three months."

It's the youngest among us who must be protected. Dr. Bocchini says pertussis can be fatal in babies, especially up to 3 months old. "They have a more severe disease," he says, explaining the cough can cause infants to stop breathing.

120

Cases of pertussis reported in Louisiana in 2018

Source: Centers for Disease Control and Prevention

"We want to start the baby on pertussis vaccine as soon as we can," he adds. Furthermore, and just as important, all pregnant women should get a pertussis vaccine toward the end of their second trimester, and, Dr. Bocchini says, "everybody who's around that baby after that baby is born needs to be up to date with the pertussis vaccine."

→ **ACT ON IT**

Know your options for care.

When your child has a minor illness or injury and your pediatrician is not available, Quick Care Kids, at 2520 Bert Kouns Industrial Loop, is your best choice for care. It's open seven days a week from 7 a.m. to 7 p.m., and no appointment is necessary. Call **318-212-5439**.

Stop Giving Fido a Suspicious Look—Bats Are the Real Rabies Culprit

THE IMAGE OF A RABID DOG

foaming at the mouth is an enduring and terrifying one—think Stephen King's *Cujo*. But it turns out the animals to fear are bats. The winged mammals are the leading cause of rabies deaths among people in the U.S., accounting for about 7 in 10 deaths, according to a report from the Centers for Disease Control and Prevention.

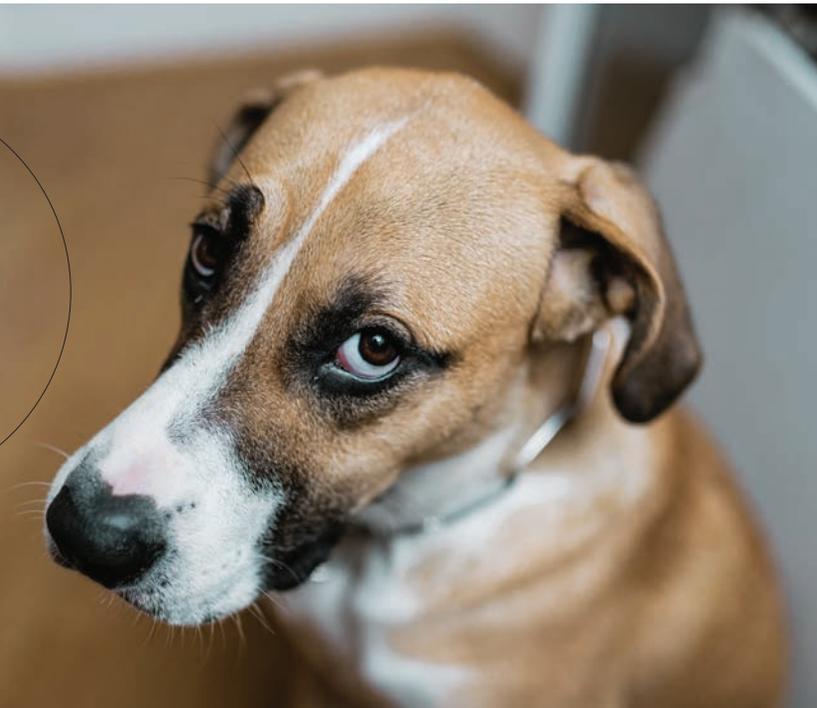
It used to be true that dogs posed the most danger. Before mass pet

vaccination programs began in the 1950s, most human cases of rabies were from dog bites. In 1938, domestic animals accounted for 99.5 percent of cases of reported rabid animals, while wild animals accounted for only 0.5 percent. By 2017, the ratio had more or less flipped.

Dogs still pose a danger, but not in the U.S.: Rabid dogs encountered during international travel are the second-leading cause of rabies deaths in Americans.

→ **ACT ON IT** The CDC advises people to leave all wildlife alone. At home, make sure your pets are vaccinated. If you are bitten or scratched by a wild animal, contact a healthcare provider about post-exposure prophylaxis, a treatment that can include rabies vaccine and medication to fight infection.

Domestic animal bites account for just 9% of rabies cases in the U.S.



THE TRUTH ABOUT

Lung Cancer Screening

A SIMPLE PROCEDURE GREATLY INCREASES THE CHANCES OF SURVIVING LUNG CANCER, BUT THE TEST ISN'T FOR EVERYONE

BY JOSH JARMANNING



Lung cancer kills more men and women worldwide than any other kind of cancer. That's because by the time most people show symptoms, the disease has spread, making treatment next to impossible.

"Most people don't realize how big of a problem lung cancer is," says Andrea McKee, MD, a radiation oncologist and spokeswoman for the American Lung Association. "Because there are not a lot of treatment options, we've been fatalistic about it. People have not wanted to think about it."

Thankfully, annual lung cancer screening in the form of low-dose CT scans (a series of chest X-rays) has rewritten the rules on survivability. When lung cancer is discovered at its earliest stage through screening, more than 90 percent of cases are curable, McKee says, a fact that few people know.

Early screening, clearly, is critical. But there is more to the issue. Here's what to know.

If you're older than 55 and smoke a pack a day, you should probably be screened.

➔ **FACT.** Low-dose CT scans as a method of reducing lung cancer deaths gained credibility after a

National Cancer Institute trial of more than 50,000 current and former smokers showed a 15 to 20 percent lower risk of dying from lung cancer for people who had CT scans versus standard chest X-rays.

As a result, the American Lung Association and other experts recommend annual screening for people ages 55 to 80 who meet certain criteria: They have a 30 pack-year history of smoking (one pack a day for 30 years or two packs a day for 15 years, for example) and are currently smoking or have quit in the past 15 years.

"Age and tobacco use are the top two risk factors for lung cancer," McKee says.

It's expensive to get a lung cancer screening.

➔ **FICTION.** Medicare and most private insurers will cover the initial scan with no out-of-pocket costs for patients. That's because the results of the clinical trial led the U.S. Preventive Services Task Force (an independent, volunteer panel of national experts in disease prevention) to recommend that everyone in the high-risk group be screened.

What Are the Symptoms of Lung Cancer?

Lung cancer is the leading cause of cancer deaths in the U.S. among both men and women, says Sanford R. Katz, MD, assistant director of radiation oncology at Willis-Knighton Cancer Center.

Many people with lung cancer don't have symptoms until the disease is in its later stages because there are few nerve endings in the lungs, allowing a tumor to grow without causing discomfort or pain.

Dr. Katz says symptoms include a cough that doesn't go away, hoarseness, constant chest pain, shortness of breath or wheezing, frequent lung infections such as bronchitis or pneumonia and coughing up blood.

In later stages, symptoms include weight loss, loss of appetite, headaches, bone pain or fractures and blood clots.

"However," Dr. Katz says, "these symptoms may not seem related to the lungs or breathing and only appear after the cancer has spread to other parts of the body."

See If You Qualify for Screening

Willis-Knighton Health System has a low dose CT lung cancer screening program. Speak to your primary care physician or take a quiz at wkhs.com/lung-screening to see if you might qualify.



Screening is so effective, everyone should get the scan.

➔ **FICTION.** “For a screening test to be effective, we want to find the population of patients who do potentially have the cancer,” McKee says. For the same reason doctors don’t recommend breast cancer screenings for most 30-year-olds—data shows the risks outweigh the benefits at this age—she says it is important not to spend resources

or cause undue stress by screening people who are unlikely to have lung cancer. There’s a small risk of false positive results, she says, and some radiation exposure (about the same as a mammogram).

There are other ways besides screening to reduce your risk of dying from lung cancer.

➔ **FACT.** If you smoke, quitting is your most important step. Talk to

your doctor about smoking cessation methods that can work for you. Environmental factors such as exposure to radon also increase the risk of lung cancer; you can buy a simple radon test for your home at most home improvement stores. Finally, know that the science is always evolving. McKee says, “We’re continuing to search for new ways to detect lung cancer early.” ●

HOW TO

Deal with Negative People

WE ALL HAVE THAT ONE FRIEND—AND TOO MANY ADVERSE ENCOUNTERS WITH SOMEONE CAN HURT YOUR MENTAL HEALTH

BY CARRIE SCHEDLER



What makes someone a “negative person”?

On one hand, it could be someone who’s just a chronic complainer. In more extreme cases, it could be someone whose constant pessimism is part of a larger psychological concern—anything from control issues to pathological narcissism.

The one thing these various types of negative people have in common? They’re often entirely unaware of how their behavior comes off or influences others.

Luckily, Kesha Burch, PhD, a therapist and member of the American Counseling Association, has several strategies for making sure you don’t get swept up in the wave of negativity.

Know when you’re hitting your limits.

You can probably tolerate your chronically dissatisfied sister’s rants on an occasional basis, but for your

own sanity, it’s best to know when she’s starting to get to you.

“When you recognize you’re constantly crabby around them, or if you feel like you’re starting to behave in ways that don’t feel like yourself, that’s when you know,” Burch says. Once you start to notice warning signs of becoming overwhelmed, it’s OK to take a break—gracefully exit the conversation, hang up the phone or tell her you’ll text her back later.

Recognize you can’t fix a negative person’s problems.

“You don’t have to take people’s issues on as your personal projects,” Burch says. Rather than feel obligated to help solve issues every time your co-worker comes to you with a gripe about your supervisor, you can simply say: “Yeah, that really stinks,” and leave it at that—it’s a way of showing support without getting emotionally entangled.

It’s Good to Set Boundaries

It’s not always easy to distance yourself from toxic types—those people who give off negative energy and make you feel worse whenever you are around them—but it’s something we all need to learn to do.

Setting boundaries is a way to take care of yourself, says Katy Dierks, a clinical social worker at the WK Rehabilitation Institute. Boundaries make your expectations clear so others know what to expect from you and how you want to be treated.

“Without boundaries, you run the risk of not knowing how you feel, what you are interested in or what you want,” she says. “You run the risk of being manipulated, used and abused.”

Dierks says establishing boundaries helps you manage stress, take care of your physical well-being and enjoy healthy relationships. “Boundaries are an important part of self-care,” she says.

“There is nothing wrong with looking out for yourself. And setting boundaries and practicing self-care benefit those around you, too.”

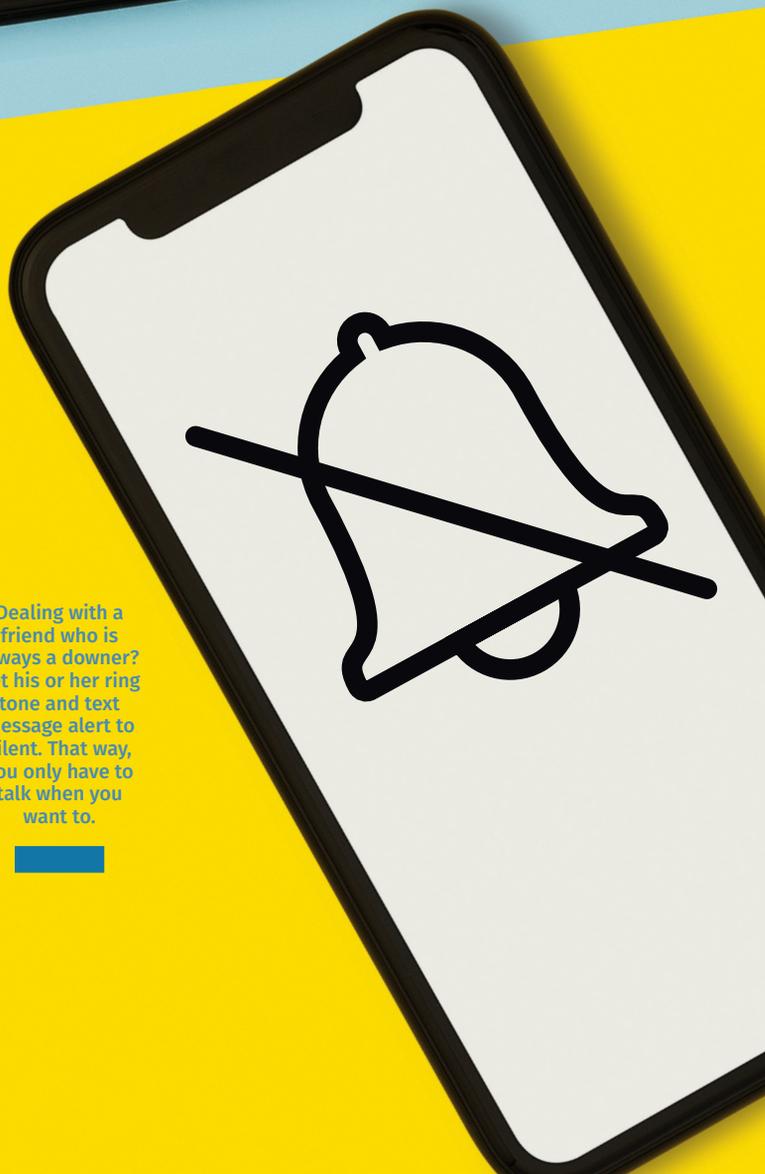
Enlist professional help if you can’t break patterns of attracting judgmental people who are toxic to your well-being. Dierks says, “They can help you identify patterns you might not be able to spot.”

If You Need Help, Find It at Willis-Knighton

People adapting to changes in life can develop mental health or psychological concerns. Good mental health is part of total wellness. The Center for Mental Wellness at Willis-Knighton is available to support adults facing these problems. Call **318-716-4610**.



Dealing with a friend who is always a downer? Set his or her ring tone and text message alert to silent. That way, you only have to talk when you want to.



Set digital boundaries.

Do your college friends use Facebook as their personal rage diaries? Mute them.

“Take control—unfriend, unfollow, whatever you have to do to give yourself some space,” Burch says. If they’re the types who text or call to air grievances, one of Burch’s favorite tips is to set their ring tone and text alerts to silent—that way, you can engage on your own terms.

Try to have a little empathy.

Sometimes, negative people just want to be heard, and offering up some empathy while keeping them at arm’s length can provide comfort for the complainer without forcing you to take on their burden.

“Simply acknowledging their feelings and saying something along the lines of ‘Oh yes, that did happen,’ and letting that be enough, can really be the most effective,” Burch says. “You’re not ignoring them, you’re hearing what they’re saying, but you’re stopping there.”

Take a hard line when you have to.

In instances where a person’s behavior starts to mess with your head but you can’t readily avoid them—say, with an overly dramatic co-worker—it can help to have a more direct conversation about particular triggering issues that might be easily controlled, such as keeping workplace conversations focused on work. Will it be a difficult conversation? Yes—but a necessary one.

“Be specific about problematic behaviors you’d like to see changed,” Burch says. “And recognize that for some truly toxic people, they might not be able to change.” ●



Are You a ‘Helicopter Child’?

SEE WHETHER YOU’RE HELPING YOUR AGING PARENTS—OR HOVERING

BY LAURIE DAVIES



You’ve probably heard of helicopter parents, a phenomenon describing parents who hover over their kids and try to protect them at every turn. But have you heard of helicopter children? It’s a more recent phrase describing—well, is it describing you?

If you’re overprotective of your aging parents to the point you’re overstepping your bounds, you could be a helicopter child.

“When you’re concerned about your aging parents, your tendency is to want to limit them,” says Amy Goyer, a family and caregiving expert for AARP. “We have to respect our parents and give them the ability to make their own decisions.”

The next time you mutter something about parenting your parents, Goyer suggests flipping the script. “Our parents will always be our parents,” she says. As we care for them during health crises or cognitive decline, it’s also important to treat them like adults.

So, are you helping or hovering? This quick quiz can offer clues. (A heads-up: We’re going to tell you which answer indicates you might be a helicopter child, but when it comes to a topic as complex as caring for aging parents, there’s some nuance.)

1 If my dad's car has multiple dents, it is time to:

- A. Take away the car keys
- B. Ask him to schedule a physical
- C. Observe his driving patterns

⊗ If you flinched toward A right off the bat, you might be a helicopter child. While car dents can be serious, they don't necessarily indicate full-blown dementia or a need to take the car keys away. A health exam may reveal mental health decline—or it may lead to a cause you didn't consider, such as glaucoma or dizziness caused by medication. (For pointers on how to observe Dad's driving skills, see "Navigating the Driving Question.")

2 If my mom has started wearing mismatched or unclean clothes, I should:

- A. Let it go
- B. Observe her for hygiene-related issues
- C. Have her evaluated for dementia

⊗ If you're going straight to C, slow down. A cognitive evaluation may be needed if signs of dementia, such as memory loss or difficulty completing daily tasks, are present. If Mom is simply mismatching her ensembles, however, who is she really hurting? Gently investigate the reasons. Maybe dirty clothes have piled up because she can't reach the detergent. That's a pretty simple fix. Or, if personal hygiene is the bigger issue, maybe she would welcome home healthcare.

3 I fear my mom is at risk of falling. She has osteoporosis and doesn't balance like she used to, so I think it is time to:

- A. Install cameras in her home
- B. Install grab bars in her shower
- C. Evaluate her medications for side effects

⊗ Falls are nothing to triffl with. According to the Centers for Disease Control and Prevention, 95 percent of hip fractures are caused by falls; they're the leading cause of injury-related death for people older than 65. Installing grab bars and looking for side effects from medications can really help. But if you plan to monitor Mom's every movement (that's answer A), it's time to land the chopper. Your desire to know your mom is safe doesn't outweigh her right to privacy.

4 If my dad had a serious heart attack or stroke, it's time to:

- A. Encourage him through cardiac rehabilitation
- B. Move him to an assisted living facility
- C. Offer to help prepare heart-healthy meals

⊗ A big health diagnosis can be life-altering and scary. But making wholesale decisions about Dad's life without seeking his input may cause a rift (that would be B). Encouragement is good and so is meal help if wanted—but hold off on making decisions about Dad's address. Unless he has dementia, he can decide where he's going to live.



Navigating the Driving Question

If you think it might be time for Mom or Dad to hang up the car keys, a series of AARP videos titled "We Need to Talk" may help. Visit aarp.org/auto/driver-safety/we-need-to-talk.

5 My parents actually do need me to step in when:

- A. They forget to turn off the stove
- B. They let unopened mail stack up
- C. They forget to take medications

⊗ Trick question alert: Stepping in on any of these doesn't make you a helicopter child. But you may be able to help them in a way that limits your need to constantly intervene. A stove with an auto shut-off may solve the first problem. Simply asking if your parents want help with their mail might reveal that they do. A daily pillbox could keep them on track with medications.

In the End

A little bit of problem-solving can alleviate your fears while preserving your parents' dignity. Remember, just because your parents need help with something doesn't mean they need help with everything. ●

33%

Percentage of heart attack survivors who use cardiac rehabilitation after leaving the hospital

Source: Centers for Disease Control and Prevention



The Stats on Organ Donation

ORGAN DONORS ARE ALWAYS IN NEED
AND LIVES ARE WAITING TO BE SAVED

BY ALLISON THOMAS

1 person can
donate up to
8 lifesaving
organs



Heart



Lung (2)



Liver



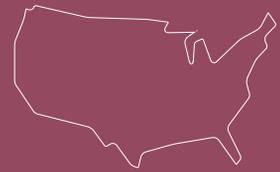
Kidney (2)



Pancreas



Intestines



114,000

people of all ages are
waiting for lifesaving organ
transplants in the U.S.



When just one
person donates his
or her organs:

8

lives could
be saved

2

people could
have their
sight restored
via cornea donation

75

people could heal
via donated tissue

ILLUSTRATION BY GETTY IMAGES



Every 10 minutes a new person is added to the national transplant waiting list

Make the Decision to Donate

Registering to become an organ, eye and tissue donor takes less than a minute, and your donation could help multiple people in need. Register today at donatelife.net/register.

8,000

people die every year because organs are not donated in time



22 people die each day because the organ they need is not donated in time



36,528 organ transplants were performed in 2018

95%

of Americans support organ donation, but just

58%

are registered as donors



Organ Donation Takes All Types

Registering to become an organ, eye and tissue donor is a lifesaving gift, and it takes individuals from every community stepping up to meet the infinite need. While people of different races can be a match for one another, the essential qualities for donor/recipient matching, like compatible blood types and tissue markers, are more likely to be found among people of the same ethnicity.

That is why it's important that people of all ethnicities register to donate.

"Nearly 60 percent of the patients on the national transplant waiting list are from multicultural communities," says David Fleming, president and CEO of Donate Life America. "The chance of longer-term survival may be greater if the donor and recipient are closely matched in terms of their shared genetic background."



58%

of people on the national organ transplant waiting list are of African American/black, Asian/Pacific Islander, Hispanic/Latino, American Indian/Alaska Native and multiracial descent



82%

of people awaiting donation need a kidney



33%

of them are African American

Sources: Donate Life America, U.S. Department of Health and Human Services, Gift of Life Donor Program



THREE WAYS WITH

Scallions

THESE ONION RELATIVES
ARE BURSTING WITH
NUTRITION AND FLAVOR

BY LEXI DWYER



Scallions are often either chopped finely and tossed into salads or used as garnishes to brighten up a finished dish. But it's also worth cooking these mild-tasting bulbs as you would other vegetables and making them their own dish. For one thing, they're packed with nutrients.

"Just a single scallion stalk has about half the daily requirement of vitamin K, which helps with blood clotting and also plays a role in bone health," says registered dietitian nutritionist Isabel Maples, a spokeswoman for the Academy of Nutrition and Dietetics.

Scallions also contain lots of vitamin C—1 cup of chopped raw scallions has about a third of the recommended daily amount—which Maples says is good for immunity, wound healing and disease prevention.

Finally, they're a way to pep up food without needing the saltshaker or lots of butter. "Scallions are high in fiber but low in calories," Maples says, "so they're great for someone who is trying to cut back on fat and sodium but still wants lots of flavor."

Here are three ways scallions can shine in your weekly menus.

1 ROAST THEM

Heat oven to 450 degrees. Arrange 2 bunches of scallions on a baking sheet and drizzle with olive oil, tossing to coat. Season with salt and pepper. Roast the scallions for 15 minutes, turning once about halfway through cooking, until tops are wilted and bulbs are slightly tender but not mushy.

2 MAKE A FRITTATA

Follow earlier directions for roasting, then cool and chop scallions. Decrease oven temperature to 350 degrees. Whisk 8 eggs together in a bowl until well-blended and season with salt and pepper. Heat 2 tablespoons of olive oil in an ovenproof skillet over medium-high heat. Add scallions, eggs and cheese (if desired) and cook for 5 to 7 minutes, until edges start to pull away. Transfer skillet to the oven and cook for about 15 minutes, until top is set.

3 PICKLE THEM

Trim scallions (about 1 to 2 bunches) so they fit into a pint-size canning jar. Over medium heat, bring 1 cup of vinegar, $\frac{2}{3}$ cup water, $\frac{1}{2}$ cup sugar and 2 teaspoons salt to a simmer in a saucepan. Stir until sugar and salt are completely dissolved. Allow brine to cool and pour over scallions. Add seasonings such as peppercorns, mustard seeds, allspice berries and cumin seeds. Refrigerate for at least one day. Pickled scallions can be used as garnishes, sandwich toppings or ingredients for a grain bowl. •





The Scoop on Scallions

🕒 **Don't call them green onions.** Although many people use the names "scallion" and "green onion" interchangeably, the two are slightly different. Green (or spring) onions are regular onions that have been harvested early and have a small-but-bulbous end. Scallions are a different plant variety and their white end doesn't bulge outward. Both are tender and mild-tasting.

🕒 **Be choosy.** Scallions should have crisp stalks with a bright green color and firm white ends with no signs of browning.

🕒 **Give them some TLC.** Less hearty than their onion cousins, scallions only last in the refrigerator for about three days. To preserve moisture, store them in the crisper wrapped in a slightly damp paper towel.

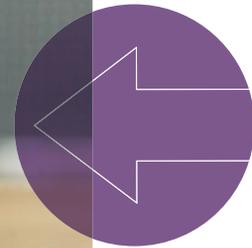
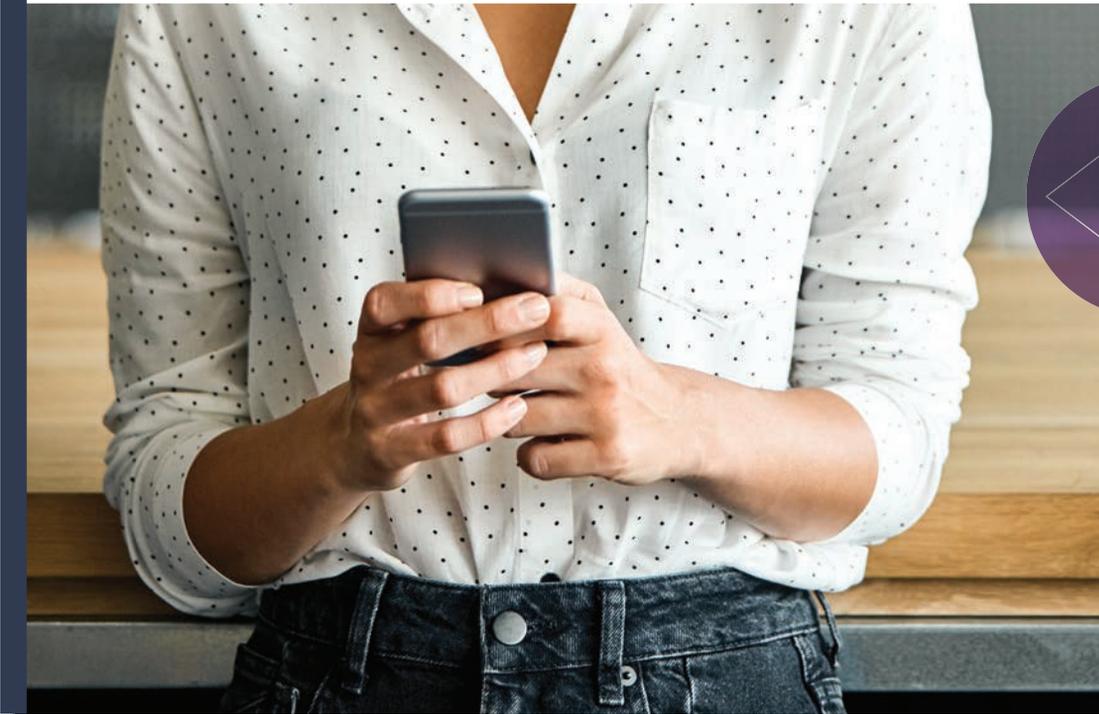
🕒 **Freeze them for later.** If you bought more scallions than you know what to do with, chop them into small pieces and put in a freezer-safe plastic bag. They can last frozen for up to a year.

Recipes for Life

The free Yummly app, available in Apple's App Store and on Google Play, offers 2 million recipes, a shopping list feature, video tutorials and personalized recommendations based on your preferences and cooking skill level. Visit yummly.com.

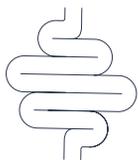
In Case You Missed It ...

FASCINATING FACTS AND FIGURES FROM THIS ISSUE OF VIGOR



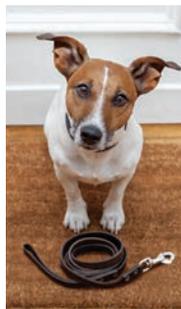
Dealing with a friend who is always a downer?

Set his or her ring tone and text message alert to silent. That way, you only have to talk when you want to. [Page 40](#)



A woman's gut might be more susceptible to injury from infections and illness than a man's, increasing her risk for problems like irritable bowel syndrome. [Page 24](#)

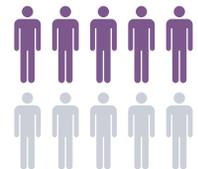
A helicopter child is one who hovers over aging parents, preventing Mom and Dad from staying independent. **Are you one?** [Page 42](#)



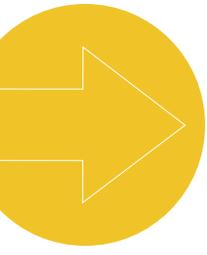
Domestic animals are not your greatest rabies concern. They account for less than 1 in 10 cases in the U.S. Wildlife—mainly bats—pose a much greater danger. [Page 37](#)

Heart disease is an old man's problem?

Hardly. Heart attacks are decreasing in people older than 65 and increasing in people younger than 40, especially women. [Page 10](#)



Nearly all Americans support organ donation, but only about half are registered. [Page 44](#)



BEST IN CLASS

Patients and doctors reflect on what makes Willis-Knighton Cancer Center so special

BY DARRELL REBOUCHE



Carol Jung, a teacher in Farmerville, Louisiana, survived cervical cancer and approaches every day as a gift.

As Carol Jung navigates the halls of the school where she teaches, every few steps she is greeted enthusiastically by a student or colleague. The warmth she receives may reflect her indomitable spirit. Jung considers herself fortunate to be alive, and she approaches her days with that in mind. Her cancer diagnosis came like a bolt from the blue. She went to the hospital for a planned surgery, and when she awoke, she was told she had cervical cancer. Her chance of surviving, the doctors said, was about 30%. “By the grace of God,” she says, she was treated at Willis-Knighton Cancer Center in Shreveport. Finding it impossible to hold back tears, Jung says the minute she walked through the doors, she knew the Cancer Center was where she was supposed to be. ➔



Roy Jones loves to show off his 1969 Firebird.



They say I'm cancer free. I'm pretty healthy for a 66-year-old guy.

—Roy Jones

Her path to Willis-Knighton had a detour, though. With her mother along for support, Jung left her home in Farmerville, Louisiana, shortly after she was diagnosed, and saw doctors in Houston. After three days there, she started searching for somewhere else to go. “They came in groups,” she recalls. “There I was with my 70-year-old mother, and the doctors wouldn’t speak to us; they would only speak to each other, and they would make us go from place to place to place.” Jung and her mom came home, regrouped and quickly discovered world-class cancer care is available at Willis-Knighton.

Lives Saved

When Addie Cook learned she had ovarian cancer, she turned to her gynecologist in Pineville, Louisiana, for advice. He sent her to see Destin Black, MD, at Willis-Knighton.

“Within a few minutes of being in her presence, I knew I was in the right place,” Cook says. Dr. Black is a gynecologic oncologist, the only one in North Louisiana. Other facilities came to mind, “but when the gynecologist here said, ‘If you were my wife, you’d be going to Shreveport,’ that just did it for me,” Cook says.

Roy Jones has a 1969 Pontiac Firebird in his garage in Broken Bow, Oklahoma. He grins like a mischievous kid when he shows it off to visitors. His vintage car evokes a time long before a prostate cancer diagnosis changed his life. When it came, though, Jones researched cancer treatment in his region and decided to come to Willis-Knighton.

“Proton therapy appealed to me,” he says. “The risks were minimal.” The day he arrived, he says, “they made me feel at home, and I thought, I believe this is where I’m supposed to go.”

All are alive and well because they, like thousands of other cancer patients, discovered that within a day’s drive of their homes, they can receive care second to none.

Unparalleled Cancer Care

Willis-Knighton’s seven hematologists/oncologists have expertise in more than 50 cancer types. In the last year, they have seen patients from a geographic footprint that ranges from West Texas to Florida.

The Cancer Center’s team of professionals in radiation oncology, medical, surgical and research offer unquestioned proficiency. “In this part of the country, there are only a few facilities that offer comprehensive cancer care that can address all the needs of a patient,” says Lane Rosen, MD, medical director of radiation oncology.

Adds Robert A. Nickelson, MD, of Hematology Oncology Associates, “As far as I know, we are one of the largest nonacademic

cancer centers in the South in terms of advanced technology and the number of patients under our care.”

Vince Sedminik, the Cancer Center’s administrator, says, “Patients are amazed at how comprehensive our center is, not only with the most advanced treatment options but also the emotional support, financial assistance, educational programs and research to help them and their families with their diagnosis.”

All of that is under one roof at 2600 Kings Highway, which means for the most part patients don’t have to move from place to place for care, as Carol Jung can attest.

Worldwide Reputation

Finding cancer is the first step in fighting it. State-of-the-art imaging, such as positron emission tomography (PET) scans and genetic testing, help immeasurably. “The availability of next-generation sequencing and in-depth genetic testing of individuals with a family history of carcinoma allows us to identify patients who may be at high risk for a variety of cancers,” Dr. Nickelson says. Identifying people with an elevated risk can help clinicians create individualized care plans and find risk-reducing strategies. These genetic tests are also available for family members so they can know more about their own predispositions for cancer.

The addition of proton therapy more than five years ago enhanced the Cancer Center’s international reputation. The compact, pencil-beam proton therapy device at Willis-Knighton was the first of its kind in the world. Now, almost 30 such devices are in use around the globe, and Willis-Knighton is one of two sites in the U.S. where people from other cancer centers come to learn about it. Medical professionals from Europe and Asia have come to Kings Highway to train. In 2019, the International Atomic



“As far as I know, we are one of the largest nonacademic cancer centers in the South in terms of advanced technology and the number of patients under our care.”

—Robert A. Nickelson, MD



“It’s not just technology that separates us. Patients get multidisciplinary care delivered with the kind of interpersonal relationships they are looking for.”

—Lane Rosen, MD



On the Forefront of Cancer Care

Willis-Knighton Cancer Center in Shreveport routinely participates in worldwide research studies and clinical trials that allow patients to be considered for alternative treatment options that would otherwise not be accessible.

“These options may be in addition to current treatment or a new, novel approach to treating the condition,” says Destin Black, MD, a gynecologic oncologist, who is particularly enthusiastic about immunotherapy available at the Cancer Center. “It’s one of the most exciting therapies currently being studied. Immunotherapy agents are those that boost the body’s own natural defenses to fight cancer.”

Energy Agency sent a team from Brazil to Shreveport to help that country author its guidelines for proton therapy.

Intensity-modulated radiation therapy (IMRT), image-guided radiation therapy (IGRT) and TomoTherapy came to the Cancer Center in the early 2000s, and the world noticed. Dr. Rosen is sought after to lecture internationally on techniques developed at Willis-Knighton. He emphasizes that IMRT, the first form of advanced radiation, was available at Willis-Knighton for four years before MD Anderson or Johns Hopkins were routinely offering it to patients.

Personal Attention

A team of medical physicists painstakingly plans radiation treatment for each patient individually. “We offer therapy beyond the cutting edge. It’s the next generation,” Dr. Rosen says. “All of these technologies, when they’re combined, lead to less side effects for patients and

better outcomes in a way we could never imagine before.”

Roy Jones says his treatment was not painful or invasive and now, “they say I’m cancer free. I’m pretty healthy for a 66-year-old guy.”

Adds Dr. Rosen, “We have every advanced technology known to man, but it’s not just technology that separates us. Patients get multidisciplinary care delivered with the kind of interpersonal relationships they are looking for. They get time with their physicians.”

Or, as Carol Jung will tell you, the people at Willis-Knighton will talk to you and not just one another. “I don’t understand why people want to jump on the interstate to go somewhere else when there’s a facility here that does everything all the others do,” she says. “I was given a 30% chance, when we found out, to make it through the year. Now, here I am, almost five years later, living my life—a life I didn’t think I would have. I truly believe it’s because of Willis-Knighton.” ●

Opal Wimberly (left) and Louise Choate (center) eat lunch together daily and welcome other residents like Betty Allen.



Kindred Spirits

Oaks residents reap the many benefits of social interaction

BY TERRIE M. ROBERTS

“In everyone’s life, at some time, our inner fire goes out.

It is then burst into flame by an encounter with another human being. We should all be thankful for those people who rekindle the inner spirit,” Albert Schweitzer said.

It is doubtful the German theologian and philosopher was referring to senior isolation, though his thoughts could apply to the 28% of people age 65 and older who live alone, according to the U.S. Census Bureau, and should give them encouragement.

Nobody looks forward to aging without a spouse or family member at his or her side. While living alone does not inevitably lead to social isolation, it is a factor. Too, social

contacts often decrease at this stage of life through retirement, death of family and friends, children moving away and reduced mobility.

With one of every seven Americans being age 65 or older, social isolation and the risks thereof are emerging issues.

Research shows isolation and feelings of loneliness can lead to serious health issues: high blood pressure, coronary heart disease, sleep difficulties, depression, a diminished immune response, cognitive decline and dementia, and premature mortality, among others.

Therefore, staying socially connected and engaged becomes more important as we age, both for our mental and physical health.

Finding Community

Moving to a senior living community like The Oaks of Louisiana versus living in your home alone provides benefits too important to ignore.

“To stay or not stay in your home is a difficult decision for many aging seniors,” says Janice Latvala, manager of Savannah at The Oaks, an assisted living residence at The Oaks. “But we now know that people who live alone and don’t or can’t maintain connections with family and friends experience greater numbers of chronic and life-limiting health issues.

“You must have relationships,” she continues, “not sit alone doing crossword puzzles or engaged in a hobby.”

While many people resist the idea of moving to a senior living community for financial or other reasons, communities like The Oaks create opportunities for residents to engage and develop friendships.

Socialization and friendship are key to happier, healthier senior adults. People who continue to maintain close friendships and find other ways to interact socially live longer than those who become isolated.

Friendship Fills a Void

Opal Wimberly and Louise Choate moved to The Oaks seven years ago a couple of weeks apart. Both chose an apartment home at Garden Apartments at The Oaks, one of the community’s two independent living options. Each was widowed and didn’t want the worry and burden of maintaining a home alone. Although they met as young brides in the late 1940s and throughout their adult years socialized in the same circle of friends and for a time went to the same church, it wasn’t



The Oaks offers a wide range of programming each day that provides residents meaningful ways to make friends.

until they moved to The Oaks that the two became inseparable.

“People call us ‘Mutt and Jeff’ or ‘Thelma and Louise,’” Wimberly quips. “Where you see one, you see the other. Our friendship has filled a void for me.”

Choate adds, “We have so much in common. I would not be as happy here if Opal was not here. We depend on each other. Our friendship was the Lord’s will.”

The two go to Bible study and discipleship, play croquet, and attend various socials and music programs. They also walk in the evening along the walking trail around Lake Herman or sit outside and watch the hummingbirds.

The type of friendship that Wimberly and Choate have, Latvala says, positively affects one’s social, emotional and physical well-being. It is a friendship Wimberly and Choate believe helps keep them active and independent.

Studies show strong friendships strengthen the immune system, help speed the recovery from illness, lower blood pressure and the risk of heart disease, sharpen memory and improve one’s outlook on life.

“When people socialize, form friendships and are happy, they release neurotransmitters such as dopamine, serotonin and endorphins, which put them in a positive state,” Latvala says. “This, in turn, significantly impacts motivation, productivity and well-being, which improves emotional and physical health.”



The bond between Opal Wimberly (above, left) and Louise Choate is obvious. Shared interests mean the two friends enjoy many of the same activities, such as outings to Dallas and games at The Oaks (with Lois Dukes, top left, center).

A Place to Connect

The Oaks offers a wide range of programming each day that provides residents meaningful ways to make friends. From brain-boosting leisure activities to life enrichment programs, health and wellness programs to lectures and socials, an active social network awaits new residents.

“Without friendship, socialization and engagement with others, it is hard for senior adults to find purpose and passion in life,” Latvala says. “They tend to shut down emotionally, mentally and physically. It is easy to underestimate the impact friendship and socialization has on a senior’s life.”

Opal Wimberly and Louise Choate can attest to that. ●

The Eyes Have It

Innovation is at the core of care at the Willis-Knighton Eye Institute

BY MARILYN S. JOINER

Cataracts have plagued humans throughout history, but the earliest known procedures were brutal. There is evidence as early as the fifth century BC that medical practitioners were actually hitting the eye to break the connective tissue that linked the eye to the clouded lens. If that procedure didn't blind the patient, he or she might gain a slight improvement in vision. It was not until the mid-1700s that a French surgeon developed a way to remove the clouded cataract in a more humane way. For almost 200 years, however, people undergoing cataract surgery had to be totally immobilized until the eye could heal.

Anyone who has experienced cataract surgery today at Willis-Knighton can confirm that, comparatively, it's a breeze. People arrive and are comforted and assured by doctors and staff. They go into surgery and come out quickly. And they have the confidence that they can soon return to normal activities with greatly improved vision.

MAIN PHOTO BY GETTY IMAGES



Trust Your Eyes to the Experts at WK

Find a Willis-Knighton eye surgeon at wkhs.com/vim/oph.
View the doctors' profiles and request an appointment online.

Visionaries in the Field

Willis-Knighton first gained prominence in eye surgery when the late Dr. William Steen joined the medical staff in 1970, setting the pace for the most innovative eye surgery program in the Ark-La-Tex. Today, a five-story building on the campus of the flagship hospital, Willis-Knighton Medical Center, houses the Willis-Knighton Eye Institute, which offers the region's largest array of advanced eye surgery technology. It includes multiple eye surgery and procedure suites and dedicated eye surgery staff. Advanced eye surgery procedures are also available in Bossier City at the WK Bossier Medical Pavilion.

Each Willis-Knighton eye surgery location is just off a major interstate highway, providing easy access from throughout the Ark-La-Tex. People locally and regionally appreciate not just the advanced technology and WK's experienced surgeons but also the comfort of knowing that the surgery is performed in a hospital-based surgery center accredited by The Joint Commission.

The eye surgery program experienced a serious blow in 2010 when Dr. Steen died unexpectedly in an accident. Fortunately, eye surgeon Christopher Shelby, MD, had been working with Dr. Steen and agreed to step forward to continue the legacy of advanced eye care. Dr. Shelby acknowledges Dr. Steen's role as a trailblazer and is proud that he was asked to carry the torch for innovative eye care.

Eyeing Unique Advancements

"If there is anything new and innovative, we've always had the backing of the hospital for the technology to help patients both young and old," Dr. Shelby says, attributing this support to Willis-Knighton CEO James K. Elrod.

WK eye surgeons, who are mostly males, eagerly anticipate the



Christopher Shelby, MD, was asked to carry the torch for innovative eye care after the unexpected passing of trailblazer Dr. William Steen.

innovative equipment that arrives frequently. "Emotionally, we men don't get much older than 14 anyway," Dr. Shelby confesses, "and at Willis-Knighton we get to play with Star Wars technology every day. It's been a real joy."

Where do the eye surgeons find these unique technological advances? Many are pioneered in European nations and Asia without the regulatory oversight of the U.S. Food and Drug Administration. The local eye team sifts through these new advances and identifies groundbreaking technologies to bring here, technologies that have been proven outside the United States.



"If there is anything new and innovative, we've always had the backing of the hospital for the technology."

—Christopher Shelby, MD

Of all the technology introduced at Willis-Knighton, Dr. Shelby believes that the ORA™ system, which continuously measures the eye during cataract surgery, has brought the biggest benefit. "This has really improved outcomes, thanks to the accuracy ... since it takes most of the guesswork out of calculations," he explains. "It's been a game changer, in my opinion."

Always Looking to the Future

An example of technology on the horizon is an excimer laser from German-based Zeiss, internationally known for medical optics. The laser, not yet approved for use in the U.S., is on the wish list of Willis-Knighton surgeons. It would further advance surgeons' ability to enhance vision and eliminate the need for glasses, even for people who had cataract surgery but did not receive the multifocal lens.

Willis-Knighton's focus on innovation has allowed Dr. Shelby to often be the first eye surgeon in the region or the state to use new technology. "It's been a great journey and very humbling to be able to be the first," he says.

The technology and the skills of experienced eye surgeons at Willis-Knighton affirm not just the health system's leadership in eye care but also the desire of both the doctors and the health system to continuously improve eye care in our community. ●

First for You: Eye Care Advances at WK

These are some of the technologies first introduced locally at Willis-Knighton:

- Ⓢ Alcon AcrySof® IQ PanOptix®
- Ⓢ NGENUITY 3D Visualization System to enhance precision
- Ⓢ LenSx® blade free laser cataract surgery
- Ⓢ ORA™ real-time analysis during cataract surgery
- Ⓢ iStent micro-stent to treat open angle glaucoma
- Ⓢ SMILE advance in LASIK vision correction
- Ⓢ Implantable miniature telescope for age-related macular degeneration

Instant Classic

NEW TO PAINTING, CENTENARIAN
GRACE KINNEBREW ILLUSTRATES
HER FIRST CHILDREN'S BOOK

BY TERRIE M. ROBERTS



Grace Kinnebrew, 100, didn't let age keep her from becoming an author and illustrator of her first children's book.

Two years ago, a local painting instructor gently encouraged Grace to take her class, dismissing Grace's concerns about her age, lack of painting experience and whether she could be a student again.

"After the first few classes, as I became more advanced, I was encouraged to bring things from home to use as references to paint," Grace says. "I couldn't believe it. Suddenly there was a story. It just materialized. I am thrilled beyond belief. I never considered myself a writer or illustrator."

Residents at Savannah have celebrated with Grace, both for her book and her milestone birthday.

"This is one of the most delightful places," Grace says. "I am used to a lot of people, a lot of close friends, but I'm not crazy about a lot of traffic. I like my privacy. I don't expect a lot of attention."

She has handled well the attention that writing and illustrating a book and turning 100 have brought her.

"I think God still needs me here," she says. "When I have done all that He has planned for me here, I'll be gone.

"And I'll wave as I go by," she adds, chuckling. ●



There is so much *joie de vivre* in Grace Kinnebrew that it's no surprise she authored a new children's book, *Adventures of 3*, for her family and friends.

What is surprising is the Savannah at The Oaks resident wrote and illustrated the book as she approached her 100th birthday!

Adventures of 3 is the story of Teddy and his best friends Blue and Spot. "One of them finds a leaf, and together they learn about one of God's many gifts of love and beauty right in their own backyard," Grace says.



Savannah at The Oaks residents Ted Newport and Grace Kinnebrew are centenarians and proud of it.

The self-published book, already treasured by the centenarian's five children, 12 grandchildren and 25 great-grandchildren, is the culmination of painting classes Grace began at age 98.

While she had enjoyed sketching throughout her life, a lone art class in college was the only serious art instruction Grace had received. Her focus was on raising her children, and, once they went to college, working in her husband's office and sharing his passion for boating and fishing.

LIFE AT THE OAKS:
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Live here and love it!



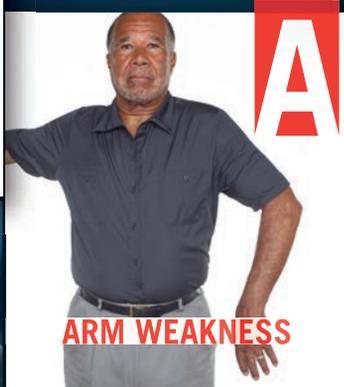
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