

Vim &

Vigor



SUMMER 2020

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**WILLIS-KNIGHTON
CONTINUES QUALITY
HEALTHCARE AT HOME**

On Watch

YOU CAN'T SCREEN FOR EVERY
CANCER, BUT YOU CAN DO THIS

Leading the Way in Education

WK doctors train
medical students
in pediatrics

'More Than I Could Have Imagined'

An Oaks resident
reflects on his life in
a new community



COVID-19: A Note from Willis-Knighton's CEO, Page 2

#AloneTogether

Staying home saves lives.

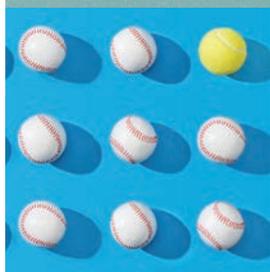


For more information, visit
[coronavirus.gov](https://www.coronavirus.gov)



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If you want sunscreen to work, apply it right



THE NOVEL CORONAVIRUS (COVID-19) WAS JUST BEGINNING TO SPREAD ACROSS THE COUNTRY AS WE WERE FINISHING THIS MAGAZINE. The pandemic has been a reminder of the importance of health and community and having access to expert care when you need it. We are honored to be here for you and your family during this difficult time. For the latest on our response to COVID-19, visit us online at wkhs.com. To learn how to stay healthy and prevent all kinds of diseases, including cancer and stroke, read on. —James K. Elrod

New Beginnings

WILLIS-KNIGHTON PROVIDES OPPORTUNITIES FOR FRESH STARTS AND HEALTHY FUTURES

“And so with the sunshine and the great bursts of leaves growing on the trees, just as things grow in fast movies, I had that familiar conviction that life was beginning over again with the summer.”

This quote from F. Scott Fitzgerald in *The Great Gatsby* resonates for many at The Oaks of Louisiana who begin again in a new location. One resident, Harry Hobbs, tells the story of starting over in his new location, a change that has suited him well. He wanted a place to live that would be near his late wife, who was in ill health, and he found all of that at The Oaks. His new beginning at Tower at The Oaks is detailed in Terrie Roberts’ story on page 49.

While The Oaks has provided a new beginning for Harry Hobbs, The Oaks is just one of the many innovative new beginnings that help to keep our health system vibrant and growing. Responding to needs in the community, looking ahead to the future, allows us to begin new programs and expand old ones.

One program that reflects an expansion of services is our commitment to graduate medical education, a commitment that helps to ensure healthcare for future generations. Our long-standing relationship with LSU School of Medicine in Shreveport since its inception has expanded the training opportunities for physicians there, giving them access to our health system’s much larger patient population and exceptional technology. This has been the foundation for our medical education that is now expanding to other medical schools. Our physicians are excited at the opportunity to help train young doctors, and so are we. You can read about that in Darrell Rebouche’s story on page 52.

As a healthcare organization, we focus on care throughout the community and not just in the hospitals and clinics. Taking healthcare outside the walls of the hospital means that we often care for people in their homes. Learn more about home health and the advantages of using Willis-Knighton home care services in the story on page 54.

These are just a few of the many informative health-oriented stories that will provide good reading on a lazy summer day. I invite you to enjoy them and to enjoy your summer.

James K. Elrod
President and CEO



James K. Elrod,
President and CEO

Vim & Vigor

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Sore After a Workout?

HERE'S WHY YOUR MUSCLES HURT

BY COURTNEY HERZOG



At the gym, those bicep curls and squats felt great, but the next day, picking up a water bottle or sitting down seems impossible! DOMS has claimed another hapless soul for the next 24 to 48 hours. Short for delayed onset muscle soreness, DOMS is a badge of honor for some and a dreaded side effect of exercise for others. It is the body's natural response to healing the inflammation and microtears that result after it has been physically forced to do something outside of its comfort zone.

Going from sedentary to jumping into working out will cause DOMS, as will trying a new activity

or increasing weight, distance or duration. Does that mean you shouldn't challenge yourself? Of course not! Challenging yourself is how you progress in strength, endurance and speed. Sore muscles may not be completely unavoidable, but just how sore you feel will depend on a number of factors.

Activity

Performing movement patterns your body isn't accustomed to benefits you mentally and physically, but you will probably be sore the next day. Whether you're currently active and are dipping your toes into a new type of training or jumping into an exercise routine

after being sedentary, your body will feel the burn. Don't be discouraged. Ease into the new routine or activity gradually so it won't be a total shock to your system.

Intensity

Lifting heavier weights, increasing your pace and distance and going for longer durations are great ways to increase the intensity of your workout; just don't go all out, all at once. Increase the intensity a little each week so the muscles are not overloaded and will have time to adjust to the new stress being placed on them.

Warmup

Exercising with "cold muscles" will cause more microtears and more inflammation, thus more severe DOMS. Always start your routine with five to 10 minutes of light cardio, taking your joints through a range of motion that prepares the body for the activity you're about to do. Holding stretches on "cold muscles" will also cause microtears; save static stretching for the cool-down.

Genetics

Some people are simply more prone to post-workout soreness than others because their nerve endings are more sensitive, sending a signal every time a muscle moves.

Delayed onset muscle soreness may be uncomfortable, but don't let it stop you from exercising. The body is extremely good at adapting to stress, so the more you work out, the less sore you will be. •



Courtney Herzog

Expert Fitness Help

If you'd like help building a workout routine that is best for you, visit your nearest Willis-Knighton Fitness & Wellness Center or call **318-212-4475**.

3D Body Scanner Helps with Fitness Goals



The Fit3D body scanner has been introduced at the Willis-Knighton Fitness & Wellness Center on the campus of Willis-Knighton Medical Center (North). This innovative device scans the user's full body, giving the person data about his or her posture, body composition and body shape. It is especially helpful to fitness center members as they embark on a plan to lose weight or build muscle mass. Currie Godfrey, wellness center exercise specialist, says that Willis-Knighton is the first hospital-based wellness center in Shreveport-Bossier to offer this new technology in body assessments.

The Fit3D body scanner is non-invasive and offers a quick, comprehensive 360-degree scan in less than a minute, Godfrey says. Members can create a personal online profile that helps them track their progress through scans. The process is quick and easy: Members simply stand on the Fit3D body scanner for 40 seconds. The scanner uses a camera tower that employs a safe, infrared light to scan anyone in the range of 3 feet tall to 7 feet, 6 inches tall. After the scan, users receive their data via email.

The body scanner takes hundreds of 3D body measurements including circumferences, lengths, widths, contours, surface areas and volumes. It analyzes body shape and posture. The results include a wellness score and a body composition analysis. The first image is a baseline scan.

This innovative device is good for people who plan to lose weight or build muscle mass

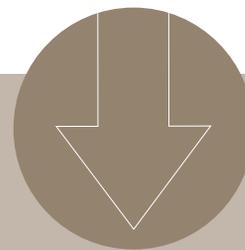


Willis-Knighton is the first hospital-based wellness center in Shreveport-Bossier to offer the Fit3D body scanner.

—Currie Godfrey,
Exercise Specialist

“Users can access their data and track the evolution of their body and measurement improvements,” Godfrey says. “Body scans and measurements are confidential. Users choose to allow their coach/trainer or doctor to see their measurements only, or their images as well.

“The Fit3D is the new standard,” Godfrey continues. “It is cutting edge, but it is a device that will become the norm.” •



By the Numbers

Fitness and wellness options at Willis-Knighton

4

Hospital-Based WK Fitness & Wellness Centers



201

Classes Monthly at Hospital-Based Centers



1

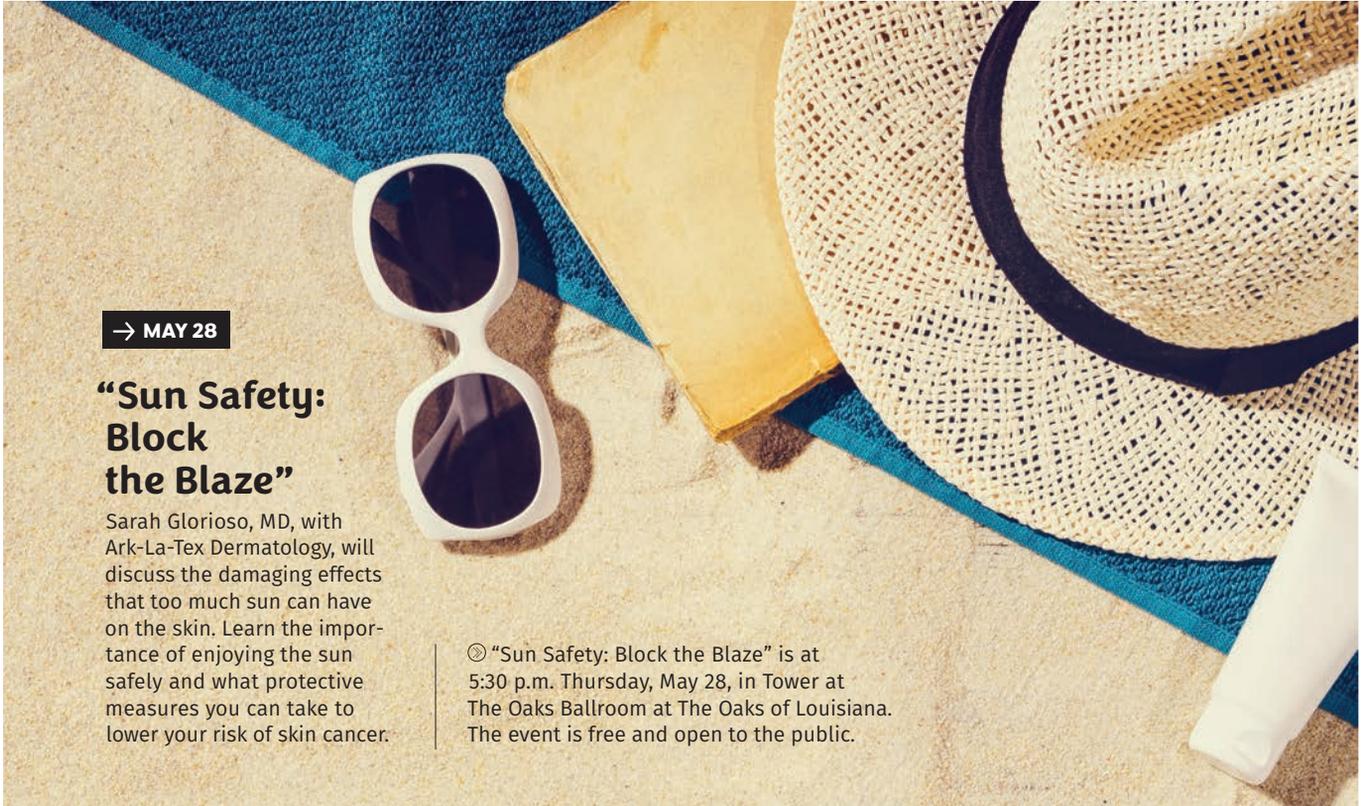
Oaks of Louisiana Senior-Focused Spa & Wellness Center



1

Community Wellness Center





→ MAY 28

“Sun Safety: Block the Blaze”

Sarah Glorioso, MD, with Ark-La-Tex Dermatology, will discuss the damaging effects that too much sun can have on the skin. Learn the importance of enjoying the sun safely and what protective measures you can take to lower your risk of skin cancer.

☉ “Sun Safety: Block the Blaze” is at 5:30 p.m. Thursday, May 28, in Tower at The Oaks Ballroom at The Oaks of Louisiana. The event is free and open to the public.



→ JUNE 20

“What a Doll: The History of Barbie”

She made her debut at the New York Toy Fair in 1959 and since then has become a global icon. Barbie, named after inventor Ruth Handler’s daughter, will be the focus of a presentation by doll expert and Barbie collector Robin Grubbs. Hear how Barbie has changed through the years, sporting different outfits as well as different jobs. What is the secret to her lasting appeal?

☉ “What a Doll: The History of Barbie” is at 2 p.m. Saturday, June 20, in the Alta and John Franks Community Centre. The event is free and open to the public. Guests are encouraged to bring their Barbie dolls to showcase after the presentation.

Register for These Events

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

PHOTOS BY GETTY IMAGES

Natural Wonder

TIME SPENT OUTSIDE IS KEY
TO A MORE FULFILLED LIFE

BY TERRIE M. ROBERTS



Lakes, walking trails and gardens on The Oaks campus help promote physical, mental and emotional health.



“In the presence of nature, a wild delight runs through the man, in spite of real sorrows,” Ralph Waldo Emerson wrote.

Being outdoors is critical for people of all ages but even more so for senior adults, because of the potential to improve health and well-being.

The Oaks of Louisiana, through design, programs and lifestyle, promotes overall wellness, keeping residents as independent as possible for as long as possible and helping them age well.

As important as the environment inside is to safeguarding residents’

health and helping them live a more fulfilled life, so too is their environment outdoors.

“Being outdoors experiencing nature restores your body and soul; it boosts your physical and mental well-being,” says Margaret Elrod, Oaks executive director.

“With our lakes, walking trails and gardens, we wanted to create places that not only are beautiful but help promote physical, mental and emotional health.”

Studies show senior adults who spend time outdoors have more positive feelings and better mental health along with lower levels

of depression and stress. The relaxation that nature provides can improve mood and increase overall feelings of happiness.

Senior adults get a greater sense of energy and vitality from being outdoors, and memory and attention span are improved with more time spent outside.

Moreover, being outside can help increase levels of vitamin D, which is often low among seniors. Low levels of vitamin D are linked with pain in muscles and bones, inflammation, risk of type 1 diabetes and several types of cancer.

The Oaks of Louisiana’s campus on East Flournoy Lucas Road features acres of well-maintained tree-covered lawns and gardens, assorted walking trails, benches and two lakes. The sound of flowing water features and the sight of birds eating at a feeder or Canada geese scattered on the lawn in front of the Chapel all add to the pastoral setting.

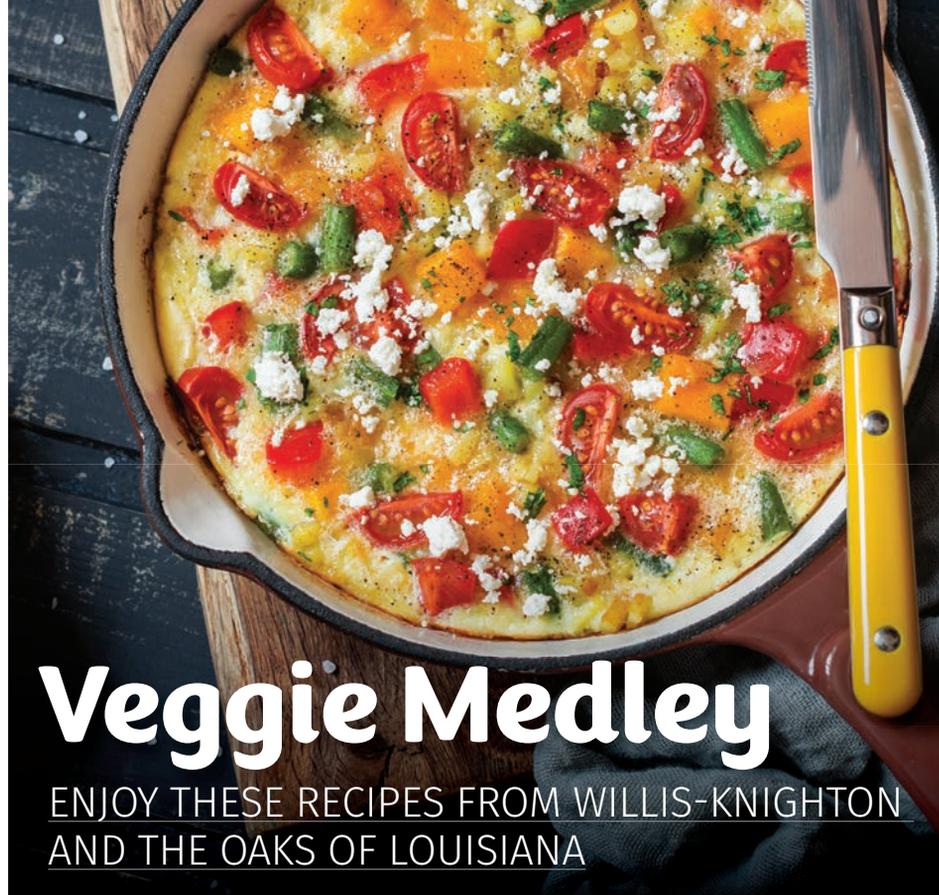
In the summer, begonias, vincas, salvias, marigolds, zinnias, caladiums, verbenas, angelonias and lantanas are mixed with knockout roses and azaleas, among others. More than 15,000 individual plants are planted by campus and grounds staff for summer color.

Each season has its own blueprint of what is to be planted, what needs to be done to keep the grounds looking pristine and how best to meet the challenges Mother Nature can provide.

After all, integrating the idea of overall wellness into The Oaks of Louisiana’s landscape helps residents age healthy and age well. ●

“Being outdoors experiencing nature restores your body and soul.”

—Margaret Elrod,
Oaks Executive Director



Veggie Medley

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

Summer Vegetable Frittata

Ingredients

- ⊗ 1 to 2 tablespoons high-quality olive oil
- ⊗ 2 cups mushrooms, thinly sliced (reishi, cremini, bella or a combination of any)
- ⊗ 1 cup zucchini, coarsely chopped
- ⊗ 1 cup yellow onion, diced
- ⊗ ½ cup fresh tomatoes, diced
- ⊗ 1 tablespoon fresh basil, chopped and divided
- ⊗ 2 teaspoons garlic, pressed or minced
- ⊗ ½ teaspoon fine sea salt, divided
- ⊗ ½ teaspoon freshly ground pepper, divided
- ⊗ ½ cup water
- ⊗ 2 cups kale, finely chopped (substitute spinach if preferred)
- ⊗ 2 cups egg whites (from 18 organic eggs), 16 ounces liquid egg whites or 9 organic cage-free eggs
- ⊗ 3 tablespoons nutritional yeast
- ⊗ 1½ teaspoons sweet rice flour or cornstarch
- ⊗ 1 teaspoon onion powder
- ⊗ Nonstick cooking spray, optional
- ⊗ ½ teaspoon paprika for garnish
- ⊗ ½ cup cherry tomatoes, halved, for garnish

Instructions

Heat oven to 350 degrees. In a large, heavy-bottomed sauté pan over high heat, combine olive oil, mushrooms, zucchini, yellow onion, tomatoes, 2 teaspoons basil, garlic, ¼ teaspoon salt, ¼ teaspoon pepper and water. Bring to a boil, then reduce heat to medium. Cook, stirring frequently, until vegetables are soft and onions are translucent, 8 to 10 minutes. Add kale. Cook, stirring frequently, until kale is tender, about 5 minutes. Add up to 2 tablespoons of water as necessary, if vegetables seem dry or start to brown. Any extra water should evaporate by the time the kale is tender. In a large bowl, whisk together egg whites, nutritional yeast, sweet rice flour or cornstarch, onion powder, remaining 1 teaspoon basil, remaining ¼ teaspoon salt and remaining ¼ teaspoon pepper until well mixed. Lightly spray an 8-by-8-inch glass baking pan with nonstick spray. Spread vegetables evenly over bottom of baking pan. Pour egg mixture over vegetables. Sprinkle lightly with paprika. Cover pan with aluminum foil. Bake frittata for 20 minutes. Remove foil and continue to bake until frittata is set in the middle and edges are lightly browned, about 10 to 15 minutes. Remove frittata from the oven. Let sit for at least 10 minutes before serving. Cut frittata into four 4-by-4-inch squares. Garnish each square with tomato halves.

Yield: 4 servings.

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

Pesto Tomato Flatbread

Ingredients

Pesto Sauce:

- ⊗ 2 cups fresh basil, stems removed
- ⊗ ¾ cup olive oil
- ⊗ ¼ cup Parmesan cheese
- ⊗ 2 tablespoons pine nuts, toasted
- ⊗ 1 garlic clove

Bread:

- ⊗ 2 pita flatbreads
- ⊗ 1 cup ricotta cheese
- ⊗ 1 cup grape tomatoes, halved, or heirloom tomatoes, sliced

Instructions

In a food processor, combine pesto sauce ingredients and process until a coarse paste is formed. Heat oven to 450 degrees. Lay the pita rounds on a sheet pan. On each round, spread half the ricotta and place half the tomatoes on top of cheese. Bake in oven for 6 to 7 minutes and remove carefully. Drizzle with a generous amount of pesto, cut in quarters and enjoy. Note: Visit a local farmers market to find the freshest tomatoes available. Fresh tomatoes are key to maximizing flavor.

Yield: 2 servings
(four slices each).

Recipe submitted by
Cameron Wallace, chef at
The Oaks of Louisiana.





→ MANAGEMENT PROFILE

Getting the Word Out



Marilyn Joiner creates or significantly influences every message from Willis-Knighton.

In Northwest Louisiana, it's hard to miss them: billboards, television spots, print publications, postcards, social media posts, educational videos, on-hold messages for telephone calls and more, all products of the health system's marketing and public relations department, where Joiner has been director for more than 20 years. It would be difficult to overstate how busy Joiner is, but she is quick to share credit for everything her department produces.

"Nothing happens based on one person," she says. "It's a team effort." She proudly leads

a department she says has "a lot of talented people. I find the collaborative approach to marketing very appealing."

Joiner joined Willis-Knighton full time in 2000 after working with WK as a marketing consultant for five years. "I decided this would be my final career move," she says. She's dedicated more than two decades to Willis-Knighton and has helped it grow significantly. Her responsibilities have increased commensurately, a circumstance she embraces. She loves her role and is dedicated to sharing Willis-Knighton's message. "It's service," she says. "It's a way someone like me can support those who deliver healthcare to the community."

→ WK EMPLOYEES

Active in the Community



Luke Hankins is a registered nurse on the heart surgery team at Willis-Knighton Medical Center. He helps save lives every day. He does that outside of work, too, with a different focus: to raise money for the Cystic Fibrosis Foundation.

Cystic fibrosis is a progressive genetic disease that causes persistent lung infections and affects other organs as well. It is diagnosed in children and causes severe breathing problems. Hankins' 2-year-old son has CF.

"Our son will live longer because of the foundation's efforts," Hankins says. CF patients are currently surviving into their 40s and 50s, largely

because of new drugs and therapies made possible by the foundation's fundraising efforts. So the Hankins family is fully on board. They started raising money by designing a T-shirt for Great Strides, the foundation's annual walkathon. In their first try, they raised \$7,500. The support came from friends and family but mostly from Willis-Knighton colleagues.

"My wife and I are so grateful for everyone's support," Hankins says. "But at the same time, we need every dollar we can get."

As their son grows, his symptoms will require ongoing treatment. And as research continues, maybe one day a cure will be found.



Looking Forward

A QUICK GUIDE TO THE FEATURES IN THIS ISSUE



The third trimester tends to be the hardest physically because you're more prone to having pain in your back, hips and knees.

— Sharon Ryan, DNP,
certified nurse midwife
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Features

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Pregnancy: (Dis)comfort and Joy

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Stroke: Time Sensitive

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My Big, Beautiful Life with Heart Failure

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PHOTO BY GETTY IMAGES

The Un- Cancers

For some deadly diseases, early testing is available but still not recommended. See why that is—and what you can do to safeguard your health **BY ALINA DIZIK**

Early

detection of cancer saves lives. You've probably heard of this phrase to explain how doctors have the best chance at beating a disease when there's time to treat it before it progresses.

But you might not realize that for some cancers, many people are not given the opportunity for early detection.

Though mammograms can help identify breast cancer early and colonoscopies can help locate colon polyps, a precursor to colon cancer, many other types of cancers are not recommended for early screening. Most of us aren't screened for ovarian, pancreatic, gastric and endometrial cancers unless there are specific reasons, such as family history.

"For some cancers, there is not a test that's been shown to save lives," says Maxwell C. McDonald, MD, an oncology specialist and member of the American Society of Clinical Oncology. "In some instances, we don't have the ability to diagnose cancers at an early enough stage to improve mortality."

As a result, many of these cancers aren't diagnosed until they are advanced.

So what to do about these "un-screenable" cancers? For starters, raising awareness can make it easier to get relevant information into the right hands. And a little bit of cancer education can go a long way; in the U.S. alone, roughly 1.8 million people received a cancer diagnosis in 2019.

Here is what we know now—and what you can do now—about common cancers for which screening is typically not recommended.



Ovarian Cancer: Clearing Up Confusion

Ovarian cancer is the second most common gynecological cancer in the U.S., and yet there is no screening protocol. Also, there is confusion for women visiting a gynecologist. For example, some women assume they are screened for ovarian cancer during their annual Pap smear, but the test screens only for cervical cancer, says Melissa Aucoin, chief executive officer of the National Ovarian Cancer Coalition, a nonprofit promoting ovarian cancer education. "That's a big myth," she says, "and our biggest obstacle is to educate women who think they are being screened [for ovarian cancer] on an annual basis." Because of this confusion, some women who should be tested for ovarian cancer aren't.

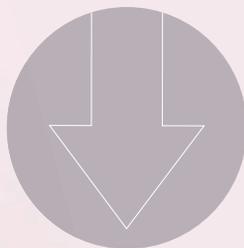
Another hurdle: Ovarian cancer rarely has symptoms that are easy to distinguish. "The signs and symptoms are really subtle and usually resemble other benign conditions," Aucoin says. Anything from bloating and abdominal pain to feeling full can be a sign of ovarian cancer, she adds.

63

Median age
at which
ovarian cancer
is diagnosed
in the U.S.

Source: American
Cancer Society



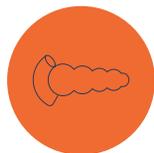


Balancing Risks and Rewards

Not all screening is necessary. It might seem simple enough to request a CT scan, an MRI, an ultrasound or a series of X-rays even when they're not called for, but unnecessary testing can add to your cost of care while taking away critical resources for other medical procedures. Also, incidental findings might cause you unnecessary stress until more invasive tests are performed.

Physicians caution weighing the pros and cons when it comes to screening. Continuous use of CT imaging disperses small doses of radiation. In some findings, the radiation from a single CT scan equals 200 chest X-rays. "Even if the radiation risk is low, you have to weigh the potential for cancer" from exposure during an unnecessary scan, says Bryan McIver, MD, PhD, a cancer specialist and founding member of the World Congress on Thyroid Cancer. "It's a fine balance."

In some cases, knowing your genetic makeup can change the screening protocol, oncologists say. The BRCA1 and BRCA2 genes (also related to breast cancer) can put some women at higher risk of ovarian cancer. About 20 to 25 percent of cases of ovarian cancer are women with a hereditary tendency to develop the disease. For those with gene abnormalities, doctors often recommend that women get transvaginal ultrasounds (to look for masses on the reproductive organs) along with a CA-125 blood test (to look for an elevated protein that could signal cancer) and follow increased risk guidelines for screening.



Pancreatic Cancer: Focusing on Persistent Symptoms

Pancreatic cancer remains the only major cancer with a single-digit survival rate—just 8 percent of people live five years after diagnosis—says Lynn Matrisian, PhD, chief science officer at the Pancreatic Cancer

Action Network. Most cancer is found in late stages through a combination of CT scan, MRI, endoscopic ultrasound and biopsy, she says.

Pancreatic cancer is typically diagnosed in people older than 65. The cancer starts in the tissues of the pancreas, a small organ in the abdomen that aids in digestion and manages blood sugar. Even though there is a big push to develop biomarkers that can allow for better early detection through a simple blood test, we're not there yet.

Like ovarian cancer, symptoms of pancreatic cancer can be nonspecific. But the persistence of symptoms can be a key indicator of something more serious, Matrisian says. "Indigestion, loss of appetite and stomach problems are easy to attribute to something I ate," she says. In these situations, people might be treated for excess acidity rather than thinking about whether the persistence of these symptoms could point to a greater concern. Other symptoms include new-onset diabetes, jaundice (yellowing of the skin or eyes), abdominal pain and aches in the middle back.

People who have chronic pancreatitis— inflammation of the organ lasting five years or longer—are more susceptible to pancreatic cancer. For others, moderate risk factors include smoking, obesity and advancing age, Matrisian adds. Only about 10 percent of cases have a family history.



Kidney Cancer: Understanding Family Risks

Although early diagnosis is key to beating kidney cancer—survival rates are 75 to 80 percent for those diagnosed in stages 1 or 2—no screening is recommended and proven effective at saving lives. "It does not have any sort of recognized blood test, blood marker or imaging test. And there are no recommendations for renal [kidney-related] ultrasound with any kind of organized screening program," says Scott Tykodi, MD, PhD, a member of the American Board of Internal Medicine who is certified in medical oncology. →

Most of the time, imaging tests including CT, MRI and ultrasound are used to detect cancer in specific people, but early diagnosis is tricky. “The majority of kidney tumors don’t have symptoms,” Tykodi says. Still, there may be some early warning signs, including blood in the urine, abdominal or back pain, weight loss and anemia.

For kidney cancer, like other cancers, it’s a good idea to speak to your doctor about a screening protocol if you have family risks. If one sibling has been diagnosed with kidney cancer, the chances of other siblings getting the disease increase. Also, some rare genetic diseases, such as von Hippel-Lindau syndrome and Birt-Hogg-Dubé syndrome, may put people at a higher risk of renal cancer.

More than 70,000 Americans receive a kidney cancer diagnosis each year, and it is more common in men. Obesity, smoking and high blood pressure are also known risk factors.



Gastric Cancer: Taking a Personalized Approach

Gastric cancer, which is found in the lining of the stomach and is more prevalent in men, can be especially tough to spot because it’s difficult to distinguish cancerous lesions from healthy tissue. Also, symptoms are often confused with other cancers in the abdomen—colon, pancreas, liver and small intestine. Though gastric cancers often develop slowly, there are no widely recommended screening procedures to make it easier to diagnose in the early stages.

Still, there are recommendations for people at high risk. About 10 to 15 percent of gastric cancer patients have a family link to the disease. Another risk factor is infection with *Helicobacter pylori*, a usually harmless germ that’s present in up to 40 percent of people in the U.S. but can damage the stomach lining. Gastric cancer also has some



There is immense knowledge in having a better understanding of family cancer.

—Bryan McIver, MD, PhD

In 2019, there were approximately

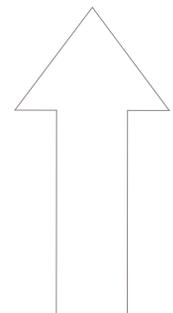
57,000

pancreatic cancer diagnoses and

62,000

new cases of endometrial cancer

Source: American Cancer Society



preventable risk factors, including eating salty food and smoked meats.

When doctors are relatively sure that additional screening will improve the outcome, they might recommend an upper endoscopy, says Bryan McIver, MD, PhD, a cancer specialist and founding member of the World Congress on Thyroid Cancer. During this screening, a physician passes a small, lighted video camera called an endoscope down the throat to check for abnormalities.



Endometrial Cancer: Deciphering the Disease

Endometrial cancer tends to grow slowly but can be difficult to find because pelvic examinations will have normal results until the disease is more advanced. And the diagnosis often requires removing a small amount of tissue from the inner lining of the uterus, called the endometrium, which is not done during an annual exam.

Women often have uterine bleeding as an early symptom. Being aware of any irregular bleeding, especially after menopause, can make it easier to diagnose endometrial cancer in the early stages. If vaginal bleeding, discharge or spotting occurs, a transvaginal ultrasound can help diagnose the disease. A thickened endometrium calls for more testing.

“If a postmenopausal woman were to start having vaginal bleeding, just because they have a normal or negative Pap smear doesn’t mean they can’t have some sort of gynecological malignancy,” says McDonald of the American Society of Clinical Oncology. Sometimes, he adds, an abnormal gynecological exam can warrant more testing of the uterus.

Out-of-balance estrogen and progesterone levels and a higher body mass index are risk factors for endometrial cancer. In some instances, family history means patients may need to consider having the ovaries, fallopian tubes and uterus removed

to prevent endometrial cancer. “If a person does have one of those hereditary cancer genes,” McDonald says, “sometimes there are additional screening strategies that we can employ.”

When endometrial cancer is diagnosed at stage 1, 90 percent of women will be cancer-free five years after treatment.

Make It Personal

Even as populationwide screening is not recommended for some cancers, it’s essential to keep updated on breakthroughs and new recommendations for screening and to stay watchful of your overall health. Eating nutritiously, controlling your weight and getting enough exercise may help address moderate risk factors in many diseases, including cancers where screening is not recommended.

Keep in mind: Completing a blood panel as part of your annual physical may help doctors spot cancer-related anemia or other irregularities in the blood early on.

Take a personalized path to your health. Working with a physician to understand your specific risks makes it easier to tailor cancer screenings based on your family history and unique needs as you age, McIver says. “There is immense knowledge in having a better understanding of family cancer,” he says.

Beyond lifestyle and family connections, consider your environment. Prior work at a chemical plant, for example, might warrant screening in specific people, McIver says. “With each person,” he says, “you need to clearly understand the risk profile.” ●



Support on Your Cancer Journey

If you have a cancer diagnosis, don’t face it alone. Join a Willis-Knighton Cancer Center support group. Learn more at wkhs.com/cancer/support-services/support-groups.

Worried About Stomach or Colon Cancer?

Stomach pain can happen to anyone, especially after a huge dinner. So how do you know if it’s something you should worry about?

Heartburn and indigestion happen to most people occasionally. If they are persistent, however, it makes sense to consult a gastroenterologist. It’s especially smart if you are worried about stomach or colon cancer or if you have a family history of these.

“There are often no symptoms in the early stages,” says Ryan Palmer, MD, with Pinnacle Gastroenterology, explaining that the most common symptom of stomach cancer is a change in bowel habits. Others include blood in the stool, abdominal pain and anemia.

“With most colon cancers being asymptomatic, screening for colon cancer is recommended beginning at age 50,” he says. For anyone with a family history of colon cancer or colon polyps, screening should be done at an earlier age.

“No symptom is trivial,” Dr. Palmer explains. “Red-flag symptoms such as unintentional weight loss and blood in the stool are more concerning.”

Dr. Palmer urges people to explain all of their symptoms, even delicate ones about bowels, to their doctor.

A YOUNG ATHL



SAFETY



PLAYBOOK



PHOTO BY GETTY IMAGES

ETE'S



To help your children avoid the most common orthopedic injuries, insist that they play a variety of sports—and that they take time off

BY LAURA ARENSCHIELD

Children who play sports benefit in many healthful ways: Compared with their peers who don't participate in sports, they are less likely to be obese. They score higher on tests and are more apt to go to college. As adults, former athletes are more successful in their careers, thanks to the leadership skills and self-confidence they developed on the fields, tracks and courts of their youth.

For all of the rewards, however, there are some risks.

More than 2.6 million children younger than 19 visit an emergency department each year for sports-related injuries, according to the Centers for Disease Control and Prevention. Concussions are some of the most widely publicized injuries among youth athletes, yet these are just a small portion—about 6 percent, the CDC says. The vast majority are overuse injuries, such as stress fractures, sprains and strains.

Just don't be too quick to yank your kids off the team. Instead, help them play safely.

"Sports participation is so beneficial for kids of all ages and all abilities," says Cynthia LaBella, MD, past chair of the executive

committee of the American Academy of Pediatrics Council on Sports Medicine and Fitness. “And I think, unfortunately, injuries get highlighted, and that makes people not want to let their kids play. For the overwhelming majority of kids, the benefits of sports far outweigh the risks of injury.”

So how do we keep our young athletes safe? And what do we do if they are injured?

Change Will Do Them Good

Step one is to make sure youth athletes are not overdoing it with one sport, says Elizabeth Matzkin, MD, a youth sports injuries specialist who serves on the board of directors for the American Academy of Orthopaedic Surgeons.

“Overuse injuries are probably the biggest thing we’re seeing right now, and it’s important to recognize that the majority of overuse injuries are preventable,” Matzkin explains. “We are seeing overuse injuries occurring in younger and younger athletes, and that happens especially as they become one-sport athletes, focused on just one sport year-round.”

Kids’ growing bodies need variety, Matzkin says. Doing the same activity intensely every day can lead to serious problems for a child’s developing joints, ligaments, muscles and bones.

“We really encourage kids to play multiple sports and not focus all their time year-round on one sport,” she says.

That can be difficult, she recognizes.

“It’s hard to pull your kid out of winter soccer, because there’s this fear of doing them a disservice—what if they fall behind and they don’t make the team next year?” she says. In this soccer example,



A WK Doctor on the Importance of Taking Breaks

Diversifying sports and other extracurricular activities can help young athletes avoid injuries. Richard Harrell, MD, of WK Bossier Orthopedics and Sports Medicine, acknowledges peer pressure and coach pressure are hard to resist.

“It’s far more beneficial for the child in the long term to take a break from the sport for a season to focus on another sport that utilizes different muscle groups,” he says. “Learning to play a musical instrument or how to ride a horse builds different muscle memory and brain connections.”

Dr. Harrell, who is board certified in orthopedic surgery and sports medicine, reminds parents “even big leaguers take three months off a year and won’t pick up a baseball or a bat. They continue to train, but at a much-reduced intensity.”

Willis-Knighton Sports Medicine provides free participation physicals to thousands of high school and college athletes every year. Certified athletic trainers employed by Willis-Knighton are in place at many area schools.

Dr. Harrell says, “It is most important to follow your physician’s and trainer’s instruction when it’s best to return to play without re-injury.”



We’re Here to Help Athletes

Sports medicine experts at Willis-Knighton Sports Medicine work with athletes on the prevention and treatment of sports-related injuries. Learn more at wkhs.com/sports-medicine.



she says, it’s far more beneficial for the child in the long term to take a break from the sport for a season to focus on something else.

Rest for Success

Adequate rest time is as important as variety, although rest can be tough to accomplish if a child plays on multiple teams or on highly competitive teams, LaBella says.

“We see a lot of times where overuse injuries could be prevented by making sure kids get enough breaks throughout the week and year from their sport, so they have time for rest and recovery,” she



says. “We recommend one to two days off per week.”

That doesn’t mean children become couch potatoes on those days, LaBella says, just that they take a breather from the intense training and practice of the chosen sport.

“They could ride a bike or go play in the park with friends,” LaBella says. “Something that is lighter and not the same repetitive activity.”

Taking breaks from sports also can help avoid burnout. Pushing kids too hard too early can turn them off to a life of activity.

“We’re seeing kids dropping out of sports—that is, giving up on an

1-2
Days of rest each week that’s recommended for young athletes
Source: American Academy of Pediatrics Council on Sports Medicine and Fitness

active lifestyle—because they’re so focused and it is so competitive,” Matzkin says. “And we’re seeing more and more kids dropping out by age 13 just because of the pressure. This is not good.”

If a child loses interest in sports at a young age, he or she is less likely to be active into adulthood, and that can have serious implications for health later in life.

The key is to give your kids a break now so they can enjoy living active lives later.

Serious, Lasting Effects of Injury

Although some overuse injuries, such as stress fractures, are resolved relatively easily with treatment, therapy and rest, others have lasting effects. Damage to the ACL, a knee ligament, can lead to premature arthritis later in life, for example.

“Ten years ago, we might have seen a 15- or 16-year-old with an ACL tear, and we thought, wow, that is young,” Matzkin says. “And now we’re seeing kids as young as 12 or 13. If you’re 25 and you tear your ACL, when you’re 50 you’re going to have post-traumatic arthritis. But when you’re 15, you’re going to be 35 or 40 and struggling with early arthritis. If you tear your ACL, we can reconstruct it. We can get you back out playing sports. But what we can’t do is prevent the consequences down the road.”

Early arthritis, in addition to being painful, can also make it difficult for a person to stay active later in life.

Of course, no review of sports injuries is complete without looking at concussions, or traumatic brain injuries.

Merril Hoge, a former NFL player who retired because of a

concussion, co-authored a book about sports concussions called *Brainwashed*. He says parents need to take an active role in protecting their children from head injuries when they play sports.

“Find out how your child’s program is run, what background coaches have, whether coaches are certified, whether they have a protocol for head trauma,” he says. “How do coaches go about practicing, especially in a contact sport? Are they matching up kids of equal sizes and talents and abilities?”

Ask the questions, he says, and if you aren’t happy with the answers, take action—whether that’s insisting changes be made to improve safety in the sports program or moving your child to another team.

Let Them Play

The risks of sports injuries are real and should not be taken lightly. But when it comes to your children, Hoge says, “not letting them play a sport is not what’s best for them.”

When you allow your children to play sports—and help them avoid injury and burnout—you’re setting them up for a lifetime of physical and mental well-being.

“There are so many benefits that kids get from participating in sports—and not just physical benefits in terms of fitness, cardiovascular health, bone health, lower risk of diabetes, lower risk of depression,” LaBella explains. “It’s great for emotional health and social connection. It has positive effects on academic performance. It helps kids become leaders. It helps them make friends. It is infinitely better to let them play sports than to prevent them from playing because of a fear of injury.” ●

(Dis)comfort AND Joy

What you need to know about pregnancy's roller-coaster ride

BY SHELLEY FLANNERY

Ah, pregnancy. What a wondrous time in a woman's life. The bump, the glow, the first kicks ... the nausea, the back pain, the constant need to pee. Pregnancy symptoms range from pleasant to painful and everything in between. And every woman—every pregnancy—is different. Whether this is your first baby or your fourth, you can refer to this guide to the symptoms you might encounter in each trimester and what you can do to deal.

First Trimester

The first 12 weeks of pregnancy are some of the toughest for symptoms. And if you've decided not to share your news yet, the first trimester can be especially difficult to navigate.

➔ **Nausea and vomiting.** The telltale signs of every TV pregnancy, nausea and vomiting brought on by skyrocketing hormones affect about 50 to 70 percent of real-life pregnant women. If you can keep food down for 20 minutes or more, then it's probably

normal. (If not, tell your doctor.) Still, you can try some home remedies.

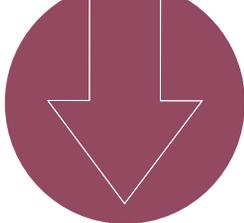
"The stomach in pregnancy seems to feel best if it always has a little bit in it," says Anthony Scialli, MD, an OB-GYN and spokesman for MotherToBaby, a service of the Organization of Teratology Information Specialists. "We recommend pregnant women keep a couple of crackers next to their bed and eat them as soon as they wake up."

Other tips to help with sickness, from the American Pregnancy Association, include not drinking fluids within 30 minutes of meals, sniffing lemon or ginger, letting someone else cook for you so you can avoid the smells and staying cool.

➔ **Increased urination.** Even before you start to show, you'll be high-tailing it to the bathroom to urinate more frequently. Again, hormones are to blame.

"As long as it's just that you need to urinate more often and you don't have any symptoms of an infection, such as burning, strong odor





The “Fourth Trimester”: Symptoms After Birth

With months of pregnancy and finally childbirth behind you, you now have postpartum recovery to go through—and that can take months, even if you sailed through pregnancy and had an easy delivery.

Many women think childbirth is the end of pregnancy-related symptoms, but it's not, says Amanda Williams, MD, with WK Women's Health Specialist of Bossier. “It takes time for your body to recover.”

Try not to get frustrated, Dr. Williams says. “Accept the help of friends and family who are there to support you. Be patient and spend time bonding with your baby.”

Though many women feel normal six to eight weeks after delivery, it may take longer. “Every woman is different, and every pregnancy is different,” Dr. Williams says. “Pay attention to your body after giving birth.”

Common after-birth symptoms include:

⊗ **Swelling:** Most postpartum swelling is normal and will go away on its own. Stay hydrated and elevate legs and hands.

⊗ **Mood swings:** Keep a routine and have family support. Anything that persists out of the first six weeks postpartum and for longer than two weeks is something to talk to your healthcare provider about.

⊗ **Cramping:** This is normal, because the uterus is shrinking to its prepregnancy size. Take non-steroidal anti-inflammatory drugs (such as ibuprofen).

⊗ **Tenderness:** Certain hormones that induce milk production cause a woman's breasts to become tender. Use warm compresses and support bras.

or difficultly initiating stream, there's nothing to worry about—except knowing where the public restrooms are,” says Catherine Ruhl, a doctor of nursing practice, certified nurse midwife and director of patient education and outreach for the Association of Women's Health, Obstetric and Neonatal Nurses. If you think you might have a urinary tract infection, talk to your doctor. Without treatment, it could move to the kidneys and cause preterm labor.

Second Trimester

Often called the honeymoon phase of pregnancy, the second trimester typically is when nausea and vomiting subside, your bump is adorably noticeable and you have a good amount of energy. There are a couple of symptoms to keep an eye on, though.

➔ **Itchiness.** As the skin on your abdomen stretches, you might expect some itchiness in that area. But pregnant women often report feeling itchy all over. What gives? It has to do with the increase in blood supply to the skin. As long as the itchiness is mild, there's nothing to worry about. Soothe your skin by staying hydrated, using moisturizer and wearing clothing made of natural fibers.

If you can't seem to keep yourself from scratching or you have additional symptoms, such as dark urine, gray stools or jaundice, call your doctor right away. These may be signs of a rare yet serious liver condition called obstetric cholestasis, and it's dangerous for your baby.

➔ **Swelling.** Did you know that increased blood and fluids in the body account for about a quarter of the weight gained during pregnancy? It's not just in your abdomen—increased fluids circulate throughout your body and, unfortunately, sometimes pool in your face, hands, legs, ankles and feet. Swelling can occur at any point in pregnancy, but it frequently begins around five months. As long as it doesn't come on suddenly—a sign of preeclampsia, a potentially serious condition that includes high blood pressure—it's more a nuisance than anything.

“If you have access to a pool, swimming can be a really good thing for swelling,” Ruhl says.



Prenatal Education

Nervous about labor and delivery? Knowing what to expect can help ease your fears. WK prenatal education is designed to help guide you through this exciting time. Visit classes.wkhs.com and register today.



“So can getting your legs up and lying on your left side and shifting your uterus off the blood vessel that brings blood back to your heart.”

Third Trimester

As your due date nears, your bump is now a *bump*, and you may long for the day you can walk without waddling. Here is what’s making you uncomfortable in the third trimester.

➔ **Body aches.** You expected your back to hurt once your belly grew. But your hips, knees and other joints? What’s that about?

“The third trimester tends to be the hardest physically,” says Sharon Ryan, a doctor of nursing practice, certified nurse midwife and director of midwifery practice, education and global outreach for the American College of Nurse-Midwives. “Pregnancy hormones cause

Pregnancy hormones cause your joints to soften, making you much more prone to having pain in your back, hips and knees.

—Sharon Ryan,
American College of
Nurse-Midwives

your joints to soften, making you more prone to having pain in your back, hips and knees.”

Acetaminophen is safe to take during pregnancy, but sometimes the best remedy for body aches isn’t found at the pharmacy. “There are some back exercises that can be done to help strengthen your back muscles, and it’s OK to apply heat,” Scialli says. “The best thing you can do is to get off the high heels if you’re still wearing them; they shift your center of gravity even more forward, causing you to compensate with your back.”

➔ **Shortness of breath.** With a baby snuggling up under your rib cage, is it any wonder you can’t catch your breath? There’s not much you can do about it except to rest when you need to. If you’re still short of breath after lying down, however, call your doctor.

➔ **Heartburn.** This symptom has a few causes. The first has to do with hormones; they relax the esophageal valve and let stomach acid back up into the throat. Second, digestion slows during pregnancy, keeping food in the stomach longer to provide more nutrients for the baby. Adding to this issue is that your growing uterus is putting pressure on your abdomen, pushing stomach contents upward.

“Chewing your food really well can help with heartburn because it reduces your stomach’s need for digestive acids,” Ruhl says. If that doesn’t work, try over-the-counter antacids, reclining (but not lying flat) after a meal and staying away from spicy and fatty foods.

➔ **Trouble sleeping.** Insomnia affects about 8 in 10 women during pregnancy, according to the American Pregnancy Association. A variety of reasons are to blame, including discomfort, back pain, heartburn, anxiety and having to get up frequently to urinate.

To get better zzz’s: Taper off liquids two hours before bedtime; keep your room cool, dark and quiet; don’t allow smartphones and tablets in the bedroom at night; use a white noise machine; and avoid eating too close to bedtime. If you’ve tried these without success, talk to your provider, who may prescribe medication to help you sleep. After all, you need all the rest you can get. ●

Doctor Q&A: A neurologist shares how a stroke causes permanent disability and why it's critical to get help right away

BY LEXI DWYER

TIME SENSITIVE

Just hearing the word "stroke" might send chills down your spine. But the truth is, doctors have many innovative, high-tech ways to help people who experience one of these brain attacks, provided they get medical help right away.

"Seeking immediate attention is of the utmost importance," says Hugo J. Aparicio, MD, MPH, a neurologist and member of the American Neurological Association. "When patients seek treatment and can be stabilized, they can make pretty amazing recoveries."

Aparicio says everyone should be aware of strokes. "Pretty much anyone at any age can have a stroke, both men and women, and it's not just a disease of older people," he says.

"We find that especially with the epidemic of



 **Recovering
from a Stroke?
Get the Support
You Need**

Willis-Knighton offers a monthly support group for people who have suffered a stroke. Caregivers are also welcomed to attend. Learn more at classes.wkhs.com.

obesity and rising rates of diabetes, we're seeing strokes happen in young people at alarming rates."

What is a stroke exactly, and why is it so dangerous? How can you tell whether someone might be having a stroke, and what should you do about it? Aparicio explains.

❖ What causes a stroke?

Aparicio: Most of the time, a stroke is caused by a blood clot or blockage, which occurs when a blood vessel that's going to the brain is shut off. Less common is when an artery ruptures, also known as a brain bleed.

❖ What are the main symptoms of a stroke?

Aparicio: An aid to remember the main symptoms of stroke is the mnemonic "FAST." "F" refers to face droop, or weakness on one side of the face. Next, you can check for arm weakness, "A," by asking the person to raise both arms and seeing if one drifts down or can't be lifted at all. "S" is for speech: Any change in the ability to speak or inability to understand speech can be a symptom. Finally, "T" is for time, meaning you need to call 911 right away if you see any of these symptoms.

Stroke victims can show other symptoms as well, including severe headache, sudden loss of vision, double vision, incoordination, difficulty walking or sudden numbness on one side of the body. Any of these should raise a red flag, and those observing them should call 911.

❖ Why is timing so important?

Aparicio: In the case of a blood vessel being closed off, the part of the brain it supplies loses access to blood and oxygen. For every minute that passes during the stroke, the average patient loses almost 2 million neurons. To give you perspective on what that means, for every hour that a stroke patient is not able to get treatment, the brain loses the same amount of neurons as it would during three to four years of normal aging. Literally, a stroke ages the brain very rapidly.

EVERY
40
SECONDS

someone in the U.S. has a stroke, and those who receive treatment immediately are much more likely to recover

Source: Centers for Disease Control and Prevention

OUR EXPERT



Hugo J. Aparicio, MD, MPH, neurologist and member of the American Neurological Association

❖ Can you explain the "window" of treatment?

Aparicio: The golden window for stroke treatment is the first three hours. But that doesn't mean you should wait that long—it's clear that every minute counts. There are surgical treatments and medications that can be given up to 18 to 24 hours from the onset of symptoms, so regardless of when they started, seeking immediate medical attention is very important.

Otherwise, it's possible to have much worse outcomes, such as permanent problems with thinking and losing the ability to walk or talk. You have less of a chance of recovering those things if you don't get help right away.

And even when the stroke is caused by rupture of an artery, or bleeding in the brain,



How to Protect Yourself

On average, one American dies from a stroke every four minutes, making it the fifth-leading cause of death in our country. Eighty percent of strokes, though, are preventable and treatable.

Alan Little, MD, a neurohospitalist at WK Pierremont Health Center and medical director of its stroke center, shares ways to stay healthy.

🕒 **Monitor and treat chronic conditions like hypertension.** “The relationship between blood pressure and stroke is strong and predictive,” Dr. Little says. “Monitoring blood pressure and treating it if elevated is probably the biggest difference people can make to their vascular health.”

🚭 **Don’t smoke.** Smoking doubles the risk of stroke. Smokers can halve their risk of premature death by stopping.

🏃 **Get moving.** Increased physical activity decreases risk of stroke or death by 25% to 30%. When you exercise, reach the level at which you are breathing hard but you can still talk.

🥗 **Eat a heart-healthy diet and maintain a healthy weight.** “Reduce the salt in your diet,” Dr. Little says. “Avoid high-cholesterol foods. Eat 4 to 5 cups of fruits and vegetables a day, one serving of fish two to three times a week and several daily servings of whole grains and low-fat dairy.”

immediate attention is needed to control high blood pressure, which can worsen the bleeding, or to have potential neurosurgical treatment in severe cases.

❖ If someone might be having a stroke, I know to call 911. What happens next?

Aparicio: When emergency responders arrive, they’ll quickly take the person to a hospital, ideally one that has experience treating stroke patients. The most immediate goal of treatment is to get blood flowing to the brain again.

Within minutes of arrival at the hospital, emergency department physicians will evaluate the person and perform a CT scan of the brain. The first thing they figure out is whether the person is still within the time

window to receive an intravenous medication called tPA, or tissue plasminogen activator, to break up blood clots in the brain. This is ideally administered within the first 30 to 60 minutes of arrival.

The team may also do a study to look at the arteries going to the brain to see if there’s a blockage that can be reopened through a catheterization procedure. Some patients can go on to get that procedure, where a wire is threaded into a vessel in the groin and up through the body to the brain. An interventionalist physician can use a device to physically remove the blockage that’s causing the symptoms. Multiple clinical trials have shown that this can really improve people’s symptoms and decrease the risk of dying.

❖ What happens after this critical treatment?

Aparicio: The patient is closely monitored in the hospital—sometimes in the intensive care unit, if the person had a severe stroke and may need to be intubated to support breathing, for example. The patient usually stays in the hospital for a day or two or longer, depending on how severe the stroke was. During this time, doctors do an extensive evaluation to find out why the stroke occurred, because for somebody who’s had a stroke, it’s really important to prevent another one—the risk of a second stroke is greatly increased by having a first one. The patient is also evaluated for rehabilitation services such as physical therapy, occupational therapy and speech therapy, depending on what faculties were affected by the stroke.

❖ Can you describe the difference between getting timely treatment and waiting?

Aparicio: Someone might arrive with really severe weakness on one side of the body, perhaps not even being able to move the arm or the leg. With proper treatment right away, some of these patients are able to walk again pretty soon after the stroke. Without prompt treatment, patients can be seriously and permanently disabled and not be able to live independently again, or have a risk of dying, especially within the first 30 days after the stroke. ●

My Big, Beautiful Life

with Heart Failure

Since her diagnosis, Sandi Holloway, 53, took up weightlifting and won a pageant competition

AS TOLD TO JEANNIE NUSS

I was diagnosed with heart failure in 2011, and it was a complete shock to me.

I'd struggled with breast cancer and morbid obesity—I weighed more than 270 pounds at the time—but I had low blood pressure, and I thought heart failure was something that happened to old people.

I went out for a walk one day, and my stomach was a little upset. I thought maybe I was getting a bit of a bug, so I went home and went to sleep early that night.

The next day, the stomach pain got worse, and I was confused and having trouble breathing, so my son called 911, and I was taken to the hospital in an ambulance.

I underwent some testing, and within a day or two I got my diagnosis: heart failure.

Although more than 6 million Americans live with heart failure, there's still lots of confusion about the disease, which is why I volunteered with the American Heart Association and tell my story.

I want to spread awareness, because it is so easy to know the symptoms and risk factors and to get ahead of them.

Understanding Heart Failure

First off, heart failure doesn't mean that your heart stops. It just means that it's not pumping as well as it



PHOTO BY LISA BOISVERT
OF WILD SIDE PHOTOGRAPHY



PATTERN ILLUSTRATION BY COCKATOO DESIGN

should be. But it can be deadly if you don't get treatment.

Risk factors for heart failure include heart attack, high blood pressure and coronary artery disease. Symptoms range from fatigue and nausea to shortness of breath and swollen ankles.

If you're at risk or you are experiencing symptoms, talk to your doctor.

Before my diagnosis, I didn't look at heart failure as something that was manageable. I looked at it as something that was a death sentence. And I certainly never thought it was going to be something that would happen to me.

But I now understand that heart failure is a progressive disease that can be maintained. You can keep it under control if you have the proper treatment and watch the signs and the symptoms.

Losing Weight and Gaining a Crown

It took some time, but after my diagnosis, I worked with my cardiologist and my physical therapist and I started taking better care of myself.

I watched what I ate, worked out with a trainer and lifted weights. Over the next few years, I lost more than 100 pounds.

In March 2016, I flew from my home in Townsend, Massachusetts, to Fort Hood, Texas, to work out with my son, Zachary, at boot camp before he deployed to the Middle East with the Army.

That same year, I went on to share my story and compete in a



Sandi Holloway, a mom of two, lost 100 pounds after she was diagnosed with heart failure.

World Beauty Fitness & Fashion transformation weight loss event, and in 2018 I was crowned Mrs. Massachusetts International.

It wasn't about competing, though. It was about inspiring people to understand that even with heart failure and being over 40, you can do whatever you set your mind to.

Monitoring My Health

When you have heart failure, it's important that you pay attention to your body and go through a daily checklist of signs and symptoms that could mean you need to be checked out by a doctor. For example: Are you gaining weight? Do you have swelling? Are you having trouble sleeping?

For me, that means I have to weigh myself every day. I have to make sure I don't have any swelling caused by excess fluid. I take my meds. And I sleep propped up with three pillows—almost like I'm in a recliner.

I read nutrition labels and watch my sodium intake. It's difficult to go out to eat, because restaurants tend to add salt to food, which is not good for my heart. So I garden and cook, where I can control the ingredients. I can basically take any food and make it heart healthy. But I can never just say, hey, I'm going to have that pepperoni and cheese on crackers and just go to town.

I also have an app on my phone from the American Heart Association called HF Path, which is for heart failure patients. I check off my meds as I take them, and I note my symptoms. And if there are any red flags, the app actually tells me, "Hey. You know what? You need to give your doc a call."

A Solid Strategy for Heart Health

We've all heard the advice before: Eat well. Be active. Lose weight.

Those sorts of changes are advised for almost anyone looking to have better health, but they're especially important for people with heart failure. The American Heart Association says these recommendations can help alleviate symptoms and improve daily life.

That was certainly true for Sandi Holloway, who found out she had heart failure and then lost more than 100 pounds in a few years, through diet and exercise in coordination with her medical team.

"Exercise benefits everybody, including heart failure patients," says John Osborne, MD, a cardiologist and spokesman for the American Heart Association.

If you're looking to lose weight, here are three tips:

- 1 **Set small, realistic goals** instead of big, long-term ones. "Try to work on a pound this week or a pound over two weeks," Osborne says.
- 2 **Monitor your diet.** Keep a food diary or use an app like MyFitnessPal to keep track of what—and how much—you're eating.
- 3 **Get moving**—after you talk to your doctor. Heart failure can come with some restrictions on the intensity of exercise. If moderate exercise isn't recommended for you, ask about enrolling in a cardiac rehabilitation program.



Above: Sandi Holloway won the Mrs. Massachusetts International beauty pageant in 2018. Right, from top: Holloway's children, Kaleigh and Zachary; Holloway's garden; and a fitness competition with her coach, Mike Ciulla.

What Treatment Looks Like for Me

Treatment is different for everyone. For me, it's important that I'm on the proper medication and that I stay in contact with my cardiologist and medical team.

And I exercise, of course.

I have a recumbent bike in my gym at home. I ride that, and I usually make a phone call while I'm doing it, because if I can speak while I'm on the bike, I know I'm breathing well and exercising at a correct pace for my heart. I also lift weights. And I have my cardiac stress test and echocardiogram once a year.



Hold the Salt, Help Your Heart

A study from the Centers for Disease Control and Prevention shows that 90% of Americans eat too much salt. And that's not just a problem for people with heart failure and hypertension. It's a problem for everyone, says Joseph L. Fredi, MD, with Pierremont Cardiology.

Sodium helps maintain the right balance of fluids in our body; it regulates muscle and nerve function; it helps control blood pressure. But Dr. Fredi says too much sodium contributes to hypertension, heart disease, heart attack and stroke.

The American Heart Association says people should consume no more than 2,300 milligrams of sodium a day. For people with congestive heart failure, the daily limit is 1,500 mg. On average, Americans eat more than 3,400 mg each day, the AHA reports.

"A high level of sodium is the most common cause of repeated hospital admissions for patients with congestive heart failure," Dr. Fredi says.

This doesn't mean Americans are reaching too often for the salt-shaker. On the contrary, Dr. Fredi says, most sodium comes from processed and packaged foods, fast foods and restaurant food.

"Be an informed consumer," Dr. Fredi advises. "Read nutritional labels. Educate yourself. Learn which foods are high in sodium. Stay away from fast food, and prepare fresh foods at home."

Cook with herbs, spices and onions to add flavor.

And know your blood pressure, cholesterol level and blood sugar level so you can decrease your risk of heart disease and stroke.

Get Guidance in Making Heart-Healthy Food Choices

With nutrition counseling and education, registered dietitians at the Willis-Knighton Diabetes & Nutrition Center can help you achieve your nutrition goals for heart health and other objectives. For more information, call **318-212-4250** or have your physician make a referral.

Learning to Listen to My Heart

I often talk with other heart failure patients about the importance of taking care of yourself, but I haven't always followed my own advice.

In 2018, when my dad was dying from an aggressive form of bladder cancer, I took care of him and did his hospice care. It took a toll on me.

I started gaining weight again. I wasn't feeling great. And I was short of breath. It turns out I was having episodes with the heart failure, but I was thinking it was the weight gain. So I would try to work out and end up thinking I had the flu.

One day, I was in the kitchen talking with my husband, and I started getting confused, and my words stopped making sense. So my husband called 911, and I went back to the hospital in an ambulance.

I underwent more testing, and when I left the hospital, I had to do

physical and occupational therapy and work with my medical team to find the right balance of medications to treat my symptoms.

Since then, I've been doing better—even if it's taken me longer than I might have liked to get there.

I have really beautiful things in my life. I have my wonderful husband, daughter and son. I have a great support system in my family, friends, and the network of volunteers and fellow heart failure patients I've met through the American Heart Association. I've found lots of joy in gardening.

For me, planting is amazing, because you can see something grow, and it's so exciting, because it's new and it's life. ●

This Just In

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



Getting outdoors to move is one way to boost your mind



Inactivity Can Hurt Your Mood

BEING PHYSICALLY INACTIVE CAN BE COSTLY for your mental health, new research shows.

Having low cardiorespiratory fitness—how well the cardiovascular and respiratory systems supply oxygen to muscles during exercise—is associated with a 47 percent greater risk of mental health disorders, such as depression and anxiety, and having a medium level of this type of fitness comes with a 23 percent greater risk, according to a study in the *Journal of Affective Disorders*.

The researchers acknowledged that moderate- to vigorous-intensity exercise (see list to the right) is most effective for reducing common mental health symptoms.

Try These to Improve Mental Health

- ☺ Brisk walking
- ☺ Bike riding
- ☺ Lawn mowing
- ☺ Dancing
- ☺ Jogging
- ☺ Swimming
- ☺ Hiking

→ ACT ON IT

Get up and go!

Doing aerobic exercise three times a week for 45 minutes at a stretch will improve cardiorespiratory fitness in just three weeks. Go for a brisk walk with a friend or fire up the fun factor with a group class like Zumba or Jazzercise.



Red Wine: Good for the Gut

RAISE A GLASS FOR THIS

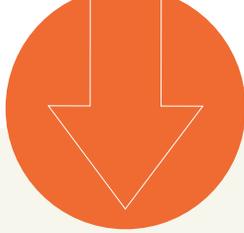
good news: Drinking red wine can improve your gut health, which is crucial to overall well-being. A study in the journal *Gastroenterology* found that red-wine drinkers have a greater variety of bacterial species in their guts—a marker of gut health—than those who do not drink red wine.

When the mix of healthy and unhealthy microbes in the gut is out of balance, the disparity can lower immune system effectiveness, cause weight gain and raise cholesterol.

The beneficial effects of red wine likely come from polyphenols, naturally occurring chemicals in fruit, which are found in high levels in the grape skins used to make red wine. Polyphenols are fuel for healthy microbes.

→ ACT ON IT **Enjoy your drinks in moderation.**

Having red wine just once every two weeks helps your gut. You can also improve your digestive health by eating more fiber (found in fruits and vegetables) and fermented foods (such as kimchi and sauerkraut).



Rising Rates of STDs Pose Risk

A NEW REPORT BY the Centers for Disease Control and Prevention provides troubling statistics: Cases of syphilis, gonorrhea and chlamydia have risen in the U.S., reaching a record high. A combined 2,457,118 cases of the three sexually transmitted diseases were diagnosed and reported in 2018, up more than 160,000 since 2017.

The CDC attributes the rise in STDs to a decrease in STD public health funding, a decrease in use of condoms and cuts to state and local programs that provide screening and patient follow-up.

Gina M. Gomez, MD, with Women's Health Associates, says that if you think you have an STD, start practicing safer sex and get tested. Tests differ depending on what is being screened. If you are diagnosed with an STD, start and complete treatment. All STDs are treatable, and most are curable.

"The most important thing you can do is to practice safe sex," Dr. Gomez says.

→ ACT ON IT

The CDC says it best: Talk, Test, Treat.

☉ **Talk** to potential sexual partners before having sex about when they were last tested, and talk to your healthcare provider about STDs. If you're pregnant, early prenatal care and STD testing are extremely important.

☉ **Get tested.** You can find a clinic by visiting [gettested.cdc.gov](https://www.cdc.gov/gettested).

☉ **Treat** any STDs that you have, following a medical plan from your healthcare provider. All STDs are treatable, and most are curable.



New Reasons to Put Down the Soda

PEOPLE WHO DRINK two glasses of soft drinks daily have a 17 percent higher risk of death than those who drink less than one glass per month, according to a study in the journal *JAMA Internal Medicine*.

Higher consumption of any type of soft drink—those sweetened either by sugar or artificial sweeteners—raised the risk of death from all causes.

Drinking artificially sweetened soft drinks was linked to risk of death from circulatory

1
daily sugary
beverage can
result in

5
pounds of weight
gain in a year if
calories aren't
cut from other
areas of your diet

Source: Harvard
T.H. Chan School
of Public Health

disease, while sugar-sweetened soft drinks were linked to risk of death from digestive diseases. Sugar-sweetened drinks can cause hyperglycemia—an elevated blood sugar level—that alters gut function and increases the risk of infection. Also, the type of sugar used in soft drinks can lower insulin sensitivity.

The study included data from more than 450,000 people from 10 European countries who were followed for an average of 16 years.

→ ACT ON IT Replace soft drinks with other options.

Water is the best choice. If you don't like to drink it plain, infuse it with fruits and herbs for variety. If you prefer a drink with caffeine, stick to tea or coffee without adding much—or any—sugar.

Hot Flashes Signal Concern for Heart Health

HOT FLASHES, WHICH TYPICALLY come on suddenly and cause flushing and sweating, can continue for years during menopause—and they're not just an annoyance.

Women who experienced frequent hot flashes have double the risk of cardiovascular events such as heart attack or stroke, according to research presented at the annual meeting of the North American Menopause Society. The study participants who had persistent hot flashes had an 80 percent higher risk of heart attack or stroke in the 20 years they were followed.

The data was from the Study of Women's Health Across the Nation, a 20-year examination of the health of women during menopause.

75%

Proportion of women who will experience hot flashes during menopause

Source: North American Menopause Society

→ ACT ON IT

Talk to your doctor about

your options for relieving menopause symptoms, including hot flashes, if you're entering midlife. For help understanding menopause, use the Hormone Health Network's Menopause Map and create a customized guide for your journey. Visit hormone.org/menopausemap/index.html.

Statins Not Linked to Cognitive Problems

IT'S GOOD NEWS FOR PEOPLE

prescribed medication to lower their cholesterol: A large Australian study showed no connection between taking statin drugs and problems with memory or thinking.

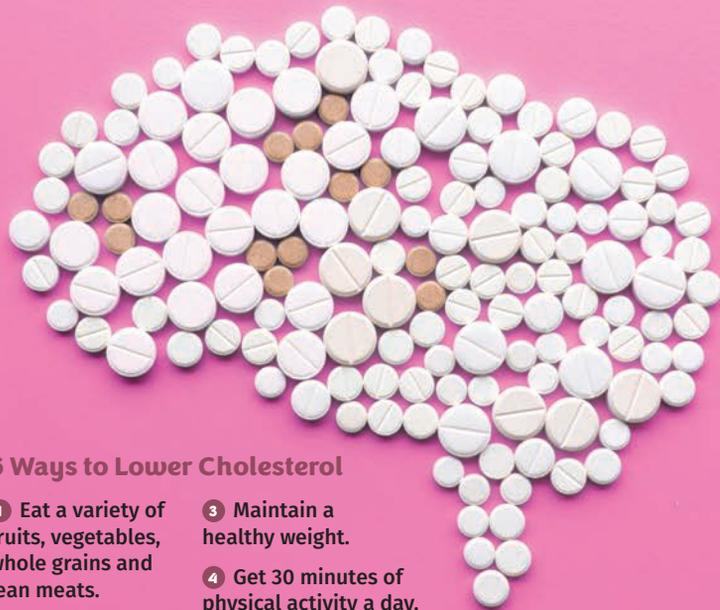
Some people have reported memory loss or confusion while taking statins, leading to a label warning for these drugs in the U.S. But there has been limited evidence to show statins cause these issues.

The study, published in November in the *Journal of the American College of Cardiology*, followed more than 1,000 people over six years. Researchers found the rate of cognitive decline was the same for those who used statins and those who didn't.

→ ACT ON IT

Tell your doctor if you experience side effects from your medications.

To learn more about a particular medication, including side effects and precautions, visit medlineplus.gov/druginformation.html.



6 Ways to Lower Cholesterol

- 1 Eat a variety of fruits, vegetables, whole grains and lean meats.
- 2 Limit the amount of saturated and trans fats you eat.
- 3 Maintain a healthy weight.
- 4 Get 30 minutes of physical activity a day.
- 5 Manage your stress.
- 6 Quit smoking.

Source: MedlinePlus



Golden Age

7 WISE REASONS TO SEE A GERIATRICIAN

BY CARRIE SCHEDLER



Getting older brings about new and unique health challenges, and even the most well-meaning internal medicine physician might not be the best equipped to deal with them. Enter the geriatrician. These doctors are specially trained to treat the common ailments of the elderly, including memory issues and frailty. And they're the best at helping older people thrive, says June McKoy, MD, a geriatrician and member of the American Geriatrics Society. Here's a guide to whether it's time to see one of these experts on aging.

Want to Age in Good Health?

The Oaks of Louisiana promotes healthy aging and supports the International Council on Active Aging's seven dimensions of wellness through programs and activities. To see how living at The Oaks can help you live longer, call **318-212-6257** and schedule a tour.



1 You want to learn how to age gracefully.

Many of McKoy's patients see her in their late 60s and early 70s, before some of the major health changes of aging have occurred. "They come because they want to figure out how to get older without feeling frail or fading away," she says. A preventive visit lets the geriatrician spot potential issues before they happen.

2 You want a thorough, holistic evaluation.

McKoy spends an hour with new patients, to allow for the fullest assessment. She does this because a symptom's root cause can be somewhere unexpected in the body—for instance, memory problems might be traceable to vascular issues. McKoy says, "I even look at a patient's feet during an appointment to look for circulation problems or gait issues."



3 **You're looking for an expert.** Board-certified geriatricians have been educated specifically on issues that aging people face. "We're trained to treat illness," McKoy says, "but also see other potential issues, too."

4 You seek a doctor who will see the whole picture.

Particularly with the elderly, illness is often about more than bodily symptoms. McKoy works closely with multiple professionals when she sees a patient, including a social worker who will do a 30-minute home visit after someone's first appointment. "Geriatricians don't treat illness in a vacuum," she says.

5 You want help beyond hearing "you're just getting older."

Chalking up issues to age and nothing more leaves people feeling resigned to their fates, when often there are interventions that can, at the very least, make it easier to cope. "If a doctor tells you that you're 'just aging,' don't go back," McKoy says.



6

You're feeling down.

"The two biggest things I see in my patients are memory problems and depression," McKoy says. Visiting a geriatrician when you're concerned about your mental health can keep the blues from spiraling into something significantly worse.

7

You want the focus of an appointment to be on you.

Often, patients come to appointments with their children or other caregivers, and doctors can be tempted to talk only to them rather than the person seeking care, particularly in cases of dementia. "A good geriatrician will always, always talk to you," McKoy says.



THE TRUTH ABOUT

Vaccines

IMMUNIZATIONS PROTECT YOU AND OTHERS FROM DEBILITATING DISEASES

BY KARI REDFIELD



Despite misinformation campaigns targeting vaccination, vaccines are proven to protect individuals and whole communities against many dangerous communicable diseases as well as unnecessary hospitalization, suffering, disability and death.

“When one looks at the advances of medical care in the last 100 years, there are a couple of major interventions that have saved millions of lives. One is sanitation, and the other is immunizations,” says Robert McLean, MD, president of the American College of Physicians.

An example of the benefits of widespread vaccination is the nearly worldwide eradication of polio, once one of the most feared diseases. In 1952, at the peak of the outbreak in the U.S., polio infected more than 57,000 children, causing permanent paralysis, disability and death. By 1955, nationwide polio vaccinations began, and by the 1960s there were fewer than 50 reported cases annually.

Maintaining progress against preventable diseases means following vaccine recommendations for both children and adults, McLean says. Here’s what you need to know.

Vaccinations do not cause autism.

➔ **FACT.** The Centers for Disease Control and Prevention says there

is no link between vaccines and autism. Vaccine ingredients, including thimerosal, a mercury-based preservative, do not cause autism or autism spectrum disorder, also known as ASD. The CDC has conducted or funded nine studies on this since 2003, finding “no link between thimerosal-containing vaccines and ASD, as well as no link between the measles, mumps and rubella (MMR) vaccine and ASD.”

Before recent outbreaks, measles was eliminated in the U.S.

➔ **FACT.** Measles was declared eradicated in the U.S. in 2000 but has resurged in the past decade, with more than 1,280 cases reported in 2019. “It was not eradicated throughout the world, just in the U.S., so the virus is still out there,” McLean says. An outbreak can occur in the U.S., the CDC says, when someone is infected with measles in another country and comes back and exposes people in communities who are unvaccinated. “When measles is imported into a community with a highly vaccinated population, outbreaks either don’t happen or are usually small,” the CDC says. “However, once measles is in an undervaccinated community, it becomes difficult to control the spread of the disease.”

Protect Your Children from HPV Infection

Doctors recommend that children as young as 9 should receive a vaccine for human papillomavirus, or HPV. “This vaccine is for cancer prevention,” explains Cheynita Metoyer, MD, of WK Internal Medicine & Pediatric Specialists.

HPV can cause several types of cancer, but because it is transmitted through sexual contact, it’s not uncommon for parents to feel uncomfortable having their children receive the vaccine. “We try to start as early as we can,” Dr. Metoyer says.

People are eligible up to age 45, but by that time they’ve probably been exposed to HPV. The Centers for Disease Control and Prevention estimates that as much as 80% of adults will be exposed to HPV in their lifetimes.

“We’re not encouraging anyone to have sex,” Dr. Metoyer says. “We give people the vaccine in order to prevent cancer. Even if they are not having sex, they may eventually want to have children in the context of a marriage. If they have not had sex before, their chances of being exposed are much lower, but let’s have that protection all the way around. Starting earlier before they’re encountering anybody in a sexual relationship is better.”



Discover More About Vaccines

Vaccines are biological substances designed to protect people from infections caused by bacteria and viruses, helping our natural immune systems prevent infectious illness. Learn more online at wkhs.com/vim/vaccines.



Vaccines are safe.

➔ **FACT.** Vaccines go through extensive research and testing. In 2011, among numerous studies, an Institute of Medicine report on eight vaccines given to children and adults found that with rare exceptions, vaccines are very safe. For perspective: In 2013, researchers modeled data from 4.3 million infants receiving the rotavirus vaccine and estimated that 14 deaths would be avoided while only 0.2 deaths would occur as a result of complications from the vaccine.

“The frequency of an adverse reaction that has a significant impact is extremely rare,” McLean says.

Whether to vaccinate is a personal decision that affects only your family.

➔ **FICTION.** “You need to have as many people immunized as possible to prevent a disease from spreading,” McLean says. “It’s not fair to people who don’t have a chance to get an immunization because they are too young or immunocompromised, meaning they have a weakened immune system from an illness like cancer. It puts them at risk.”

Vaccinations don’t work.

➔ **FICTION.** A vaccine introduces a very small amount of antigen (part of a germ) to a person’s immune system, causing the body

to develop immunity to that germ in the form of T-lymphocytes and antibodies, significantly reducing the likelihood of acquiring a specific disease.

“Research clearly shows that vaccines work and save lives,” McLean says.

You should vaccinate yourself and your family for two reasons, he says:

“One, you vaccinate to protect yourself and your children. Two, you do this because there are people around you who are susceptible to getting sick who can’t get vaccinated because they are too young or are immunocompromised.” •

HOW TO

Apply Sunscreen

YOU'RE PROBABLY DOING IT WRONG, IF YOU'RE DOING IT AT ALL. HERE'S OUR FULL COVERAGE OF SUN PROTECTION

BY CARRIE SCHEDLER



You might know to slap on a layer or two of SPF before stepping into the summer sun, but the reality is this: Whatever you're doing to shield yourself from damaging rays, there is always room to improve your protection.

"There are all kinds of options for sunscreen now," says Steve Xu, MD, a dermatologist and member of the American Board of Dermatology. He says there is sun protection that works for everyone, from the squirmiest little ones to grown-ups with particular skin care preferences.

Here's your guide to using sunscreen smarter.

Apply more than you think. Like, a lot more.

The recommended amount of sunscreen for adults is a full shot glass' worth to the entire body—most people use less than half of that amount, Xu says. "If you apply an SPF 30 but only apply about half of what you should, it becomes more like an SPF 7 protection-wise," he says.

Cover every extremity.

Often people get their arms, legs, back and face but miss equally

vulnerable body parts. Necks, ears and tops of heads are common areas where dermatologists spot skin cancer because they're overlooked in sunscreen application. Don't forget the lips—Xu recommends keeping SPF-containing lip balms at the ready.

Reapply early and often.

"Every two hours is the golden rule, more often if you're getting sweaty or going in the water," Xu says. This applies even if you're opting for a water-resistant sunscreen—no sunscreen can truly be waterproof, so it's only giving you extended protection rather than a perfect shield in wet conditions.



Need to Get Checked Out?

If skin cancer is detected, early preventive measures and less-invasive surgery and treatment may be suitable. To have your skin assessed, schedule an appointment with a dermatologist. Willis-Knighton's Find a Doctor service lets you find a doctor to meet your needs. Call **318-212-9562**.

How to Choose a Formula

Sunscreen is probably top of mind for most folks during summer months and sunnier days, but it is good practice to wear it year-round, says Josephine Futrell, MD, of Ark-La-Tex Dermatology.

You can dramatically reduce your risk of skin cancer by applying and reapplying the right sunscreen.

There are two types of sunscreen—chemical and physical, Dr. Futrell says. Each type uses a different mechanism for filtering ultraviolet rays and protecting the skin from damage.

Chemical sunscreens (such as oxybenzone and octisalate) absorb UV rays before they can damage your skin. Mineral or physical sunscreens (such as zinc oxide and titanium dioxide) block and scatter rays before they penetrate your skin.

The best type of sunscreen for you depends on your skin sensitivity, your skin color and your planned physical activity outdoors, Dr. Futrell says.

"Chemical sunscreens tend to be thinner and spread more easily," she says. "They must be applied at least 20 minutes before going out."

Physical sunscreens, she says, are much better tolerated by people with sensitive skin. "They need more frequent application."

Whichever sunscreen you choose, Dr. Futrell says all sunscreens need to be applied generously.

ONLY ABOUT
 1 in 7
 MEN AND
 1 in 3
 WOMEN

use sunscreen
 when outside for
 more than an hour

Source: Centers for Disease
 Control and Prevention



Make sun protection work with your kids, not against them.

Anyone who's tried rubbing lotion on a little one knows how tricky it can be. Thankfully, there are plenty of kid-friendly options these days. For his own kids, Xu prefers spray sunscreens, which apply as a fine mist and get on the skin quickly. The only caveat is to ensure you rub them in all the way, as the sunscreens can spray more heavily in some areas than others and leave kids vulnerable to splotchy burns. For complete peace of mind, Xu recommends that parents look into sun-protective clothing: "There's nothing easier than just putting on a shirt and going," he says.

Read the label.

A couple of key things to look for: First, Xu recommends that everyone use at least an SPF 50 sunscreen. Although there's conflicting science on how effective higher protective factors are, he says that considering most people don't apply enough sunscreen to begin with, a stronger sunscreen can help mitigate some damage risk. Second, "look for broad-spectrum options," he says, "because both UVA and UVB rays can cause cancer." ●

Do You Need to Disconnect?

SEE WHETHER IT'S TIME TO WEAN FROM THE SCREEN

BY LAURIE DAVIES



In today's digital age, screen time is virtually essential. We navigate, read, work and binge-watch our favorite shows in front of screens. But have we gone too far?

"It's hard to tease out the good stuff from the bad stuff as we try to get at how much is too much," says Windel A. Stracener, MD, a board member of the American Academy of Family Physicians.

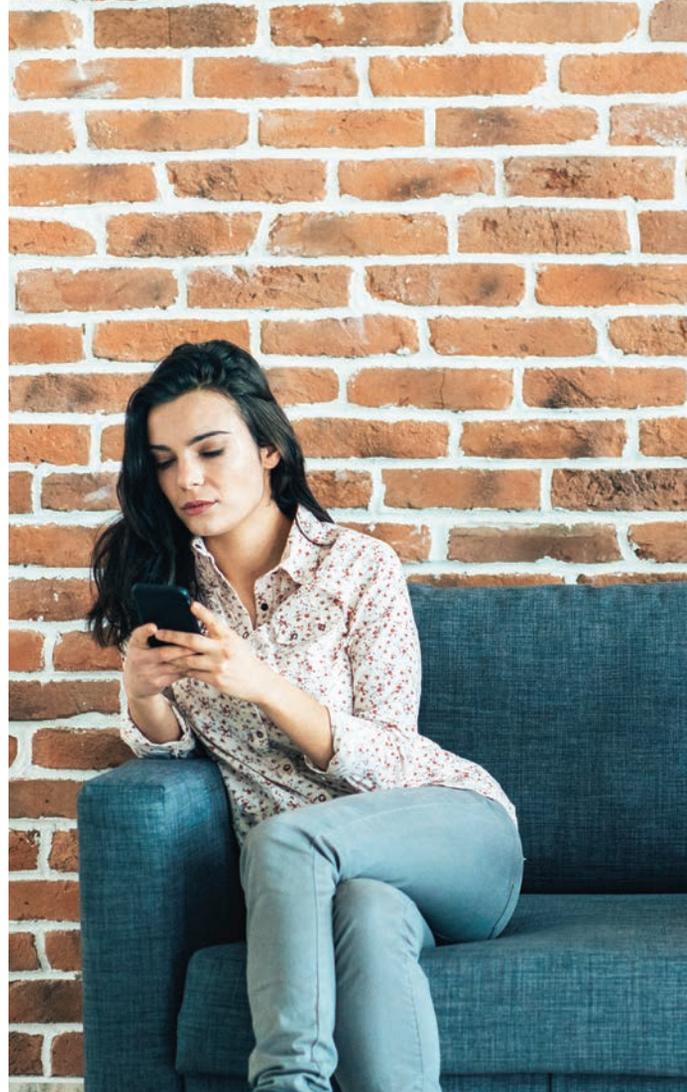
As experts grapple to answer that question, Stracener says the risks of excessive time in front of TVs, computers and smartphones are piling up. Potential health problems include obesity, heart trouble, eye strain, interrupted sleep, attention difficulty and behavioral problems.

"From a health and commonsense standpoint, we know this: Every hour spent in front of a screen is an hour not spent outside running and being active," he says.

Use this quiz to see whether you might be taking screen use to extremes.

Take Control with This App

Set healthy screen time limits for yourself and your kids with Moment, a free app (with in-app purchases) available in Apple's App Store and on Google Play. Visit inthemoment.io for more information.



1 You want to set healthy boundaries for your kids and yourself, so you limit everyone's daily screen time to this expert-recommended amount:

- A. 1–2 hours
- B. 2–3 hours
- C. 4–5 hours
- D. None of the above

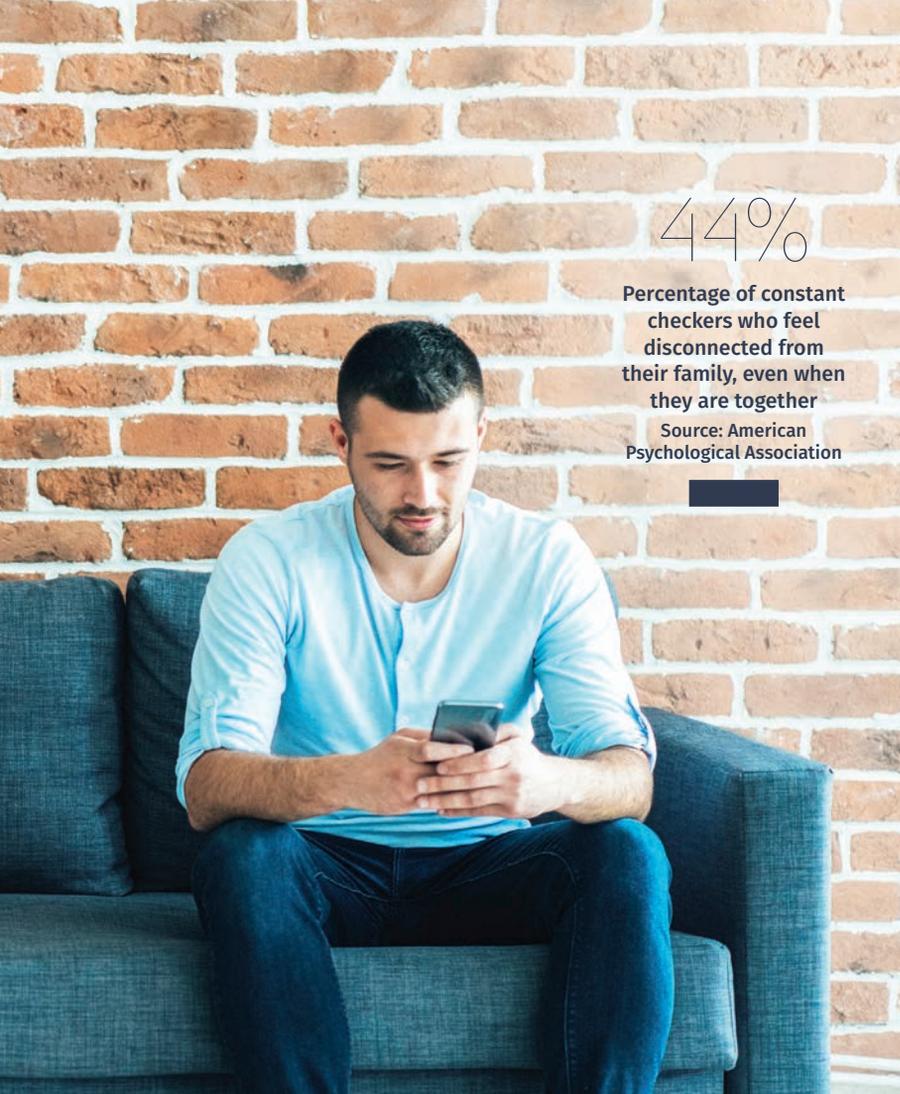
☞ **Answer A is correct.** And though experts generally suggest one to two hours of recreational screen time as a limit, there is also no substitute for riding bikes, building forts or having

a pillow fight. By going offline, you'll increase your physical activity and connect with your kids.

2 In an average 24-hour period, you:

- A. Text while driving
- B. Drift out of conversation to check a phone notification
- C. Peek at social media in the middle of the night
- D. None of the above

Answer D is for darn right, while A, B and C are reckless, rude and unhealthy. Currently,



44%

Percentage of constant checkers who feel disconnected from their family, even when they are together

Source: American Psychological Association

48 states have made texting while driving a criminal offense. If anyone has ever stopped a conversation with you to answer a text, you know it's rude, right? And Harvard researchers found that light-emitting devices suppress levels of the sleep hormone melatonin and disrupt deep sleep.

3 During dinner, you:

- A. Watch TV or your mobile device
- B. Look at your phone sparingly and discreetly

- C. Return emails, but only if they're work-related
- D. Put your devices in silent mode—this is time for you

You probably know that D is correct.

But if you're being honest, what's your answer? (We'll wait.) If you circled A, B or C, you might not be appreciating your food or your company. A study published in the *Journal of Experimental Social Psychology* found that phone use during meals lowered diners' enjoyment.

4 You don't think you are a "constant checker" because you:

- A. Feel pretty connected to your family
- B. Check work email just a few times on nonwork days
- C. Worry about social media affecting your health
- D. All of the above

The answer is A.

According to the American Psychological Association's "Stress in America: Coping with Change" report, 44 percent of "constant checkers"—a term for

people who continually look at emails, texts and social media accounts—feel disconnected from their family, even when they are together, versus 25 percent of those who aren't constantly checking their tech. According to the same report, constant checkers have higher stress when they look at work email on nonwork days and worry more than others about the physical and mental health effects of social media.

5 You routinely experience:

- A. Short attention span
- B. Burning or watering eyes
- C. The ability to put down your phone and walk away
- D. A real desire for more screen time

Answer C is for control—and you've got it.

As for the others? Experts believe that excessive screen use is shortening our attention spans and producing headaches and eye strain. And new research raises an alarming possibility: The validation we get from social media might lead to the release of dopamine, a chemical that causes cravings. In other words, screen time may trigger our brain to tell us we need more screen time. ●

Your Best Bedroom Now

SET UP YOUR SLEEP ENVIRONMENT FOR GOOD ZZZ'S AND GOOD HEALTH

BY LAURIE DAVIES



7-9

hours of sleep are needed by most people each night to feel healthy and rested

Track Your Sleep Troubles

If you're struggling to get enough sleep, keeping a record of your sleep habits can help your doctor get to the cause of the issue. Visit sleepfoundation.org and search for "official sleep diary."

45-50 watts

is the recommended brightness of lightbulbs for gentle reading before bed—anything brighter interferes with sleep hormones

ILLUSTRATION BY GETTY IMAGES



Sources: National Sleep Foundation, BCC Research, Sleep Better Council



65°

is the ideal temperature (give or take a few degrees Fahrenheit) to keep your room—it promotes better sleep by enhancing the natural cooling of our bodies at rest

Lack of Sleep a Public Health Problem

America has sleep issues. In fact, 1 in 3 people don't get enough of it—a statistic that has prompted the Centers for Disease Control and Prevention to declare insufficient sleep a public health problem.

Why the alarm bells?

"It's hard to find a domain of functioning—physical or mental—that's not affected by sleep," says Natalie Dautovich, a sleep expert at the National Sleep Foundation. Sleep deprivation has been linked to weakened immunity, memory and mood problems, and risk for heart disease, diabetes and dementia.

Poor sleep may also lead to poor health behaviors. "When we are sleep-deprived, it's like a double jeopardy occurs," Dautovich says. When we're tired, the "reward center" of our brain activates, making unhealthy eating and drinking appealing. Meanwhile, she says, less brain activity occurs in areas that would shut down that behavior.

The good news is, if you commit to sleep-promoting behavior before bed and keep your space dark, quiet and cool, you'll be well on your way to a good night's sleep.



ZERO



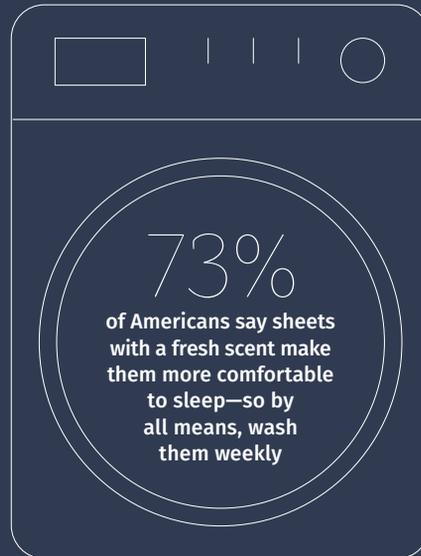
→ Zero minutes of TV, phones and tablets should be watched in the hour or two before bed, because it takes time to wind down from the stimulating effects of these devices

→ Zero piles of clutter should be in your bedroom, as a disordered space can make you feel unsettled



Keep your room dark for best sleep:

35% of Americans don't cover their bedroom windows with curtains or shades



\$66,300,000,000

was spent on sleep aids and technologies worldwide in 2016

70,000,000

people in the U.S. have a chronic sleep problem

THREE WAYS WITH

Bell Peppers

THESE VIBRANT AND VERSATILE FRUITS (REALLY!) ARE PACKED WITH NUTRIENTS

BY LEXI DWYER



Crunchy and colorful, a bell pepper is a fruit from a botanical perspective, because it contains seeds. But in the kitchen, it's treated like a vegetable, blending beautifully into savory salads, stir-fries and pastas.

Peppers are versatile and healthful, so it's worth eating them a few times a week. "Peppers are a fantastic source of vitamin C, which not only helps with wound healing but also enables the body to absorb iron, so pairing them with meat, like in beef fajitas, is a great idea," says registered dietitian nutritionist Malina Malkani, a spokeswoman for the Academy of Nutrition and Dietetics. Just 1 cup of raw peppers can provide more than three times the recommended daily allowance of vitamin C.

Peppers have beta carotene, which the body uses to make vitamin A (good for eyes and the immune system), and lutein, which contributes to eye health and helps prevent anemia.

Plus, peppers can be a mainstay in a healthy eating plan: One serving (1 cup chopped) contains just 46 calories and 3 grams of fiber, which helps with feelings of fullness and satisfaction and has been shown to play a role in lowering cholesterol.

Here are three ways to incorporate bell peppers into your meal plan.

1

GRILL THEM

Cut peppers lengthwise and into quarters. Remove seeds and stem. Toss peppers in a bowl with olive oil, salt, pepper and seasonings of your choice (if desired). Place the peppers skin side down on a rack over a grill set to medium heat. Cook about 4 minutes, then flip with tongs and cook until skin is charred, about 3 minutes. Return cooked peppers to the bowl and toss again with oil.

2

ROAST THEM

Heat the oven to 500 degrees. Place whole peppers on a foil-lined baking pan and cook about 35 minutes (the skin should appear wrinkled and charred), turning over twice during roasting. Remove the pan from the oven and cover with aluminum foil. When the peppers have cooled, quarter them and remove the stems, skin and seeds. Place the peeled peppers in a bowl, drizzle with olive oil and refrigerate; they will keep for about two weeks.



Recipes from Renowned Chefs

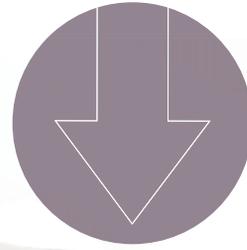
Discover more than 80,000 recipes from chefs such as Giada De Laurentiis and Bobby Flay and a selection of popular cooking shows with the **Food Network Kitchen app**, available in Apple's App Store and on Google Play.

3

BLEND THEM INTO DIP

Follow the roasting directions above using red peppers, but after the peppers are quartered, peeled and deseeded, pat them dry with paper towels. In a food processor, blend 1 clove of garlic with 2 tablespoons of olive oil and 1 tablespoon of lemon juice. Add 1 cup of roasted red peppers and process until coarsely chopped. Season to taste with ingredients such as salt, pepper, dried basil and red pepper flakes. Because red peppers are the sweetest variety, many cooks prefer them for dips. ●





Believe in the Bell

🕒 **Ask for peppers by name.** In Australia and India, peppers are called capsicums, after their scientific name. It has been reported that Christopher Columbus gave the fruit the name pepper because it had a similarly spicy flavor as black peppercorns, which were highly valued at the time.

🕒 **Pick your color.** Green peppers are mature but not totally ripe, while red peppers have been allowed to fully mature on the vine (red peppers also taste the sweetest). Colors like yellow and orange fall somewhere in the ripeness range.

🕒 **Take a peek inside.** Ever sliced open a pepper and found another, tinier one lurking inside? This is called an internal proliferation, and it's an example of a phenomenon called parthenocarp, which refers to fruits that form without fertilization. Scientists aren't totally sure why this happens, but these mini veggies are safe to eat.

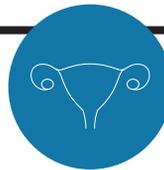
In Case You Missed It ...

FASCINATING FACTS AND FIGURES FROM THIS ISSUE OF VIGOR



Another reason to go for a walk after dinner tonight:

Having a low or even medium level of cardiorespiratory fitness raises your risk of anxiety and depression. [Page 32](#)



Ovarian cancer is the No. 2 most common gynecological cancer in the U.S., but you're probably not being screened for it. [Page 10](#)

Every 2 hours

If you want your sunscreen to work, you have to apply it every two hours—even more frequently if you're sweating or swimming. [Page 40](#)



Pregnant and wide awake?

Insomnia affects about 8 in 10 moms-to-be. [Page 20](#)



Vaccines save lives:

In 1952, more than 57,000 American children were infected with polio. By the 1960s, there were fewer than 50 new cases a year. [Page 38](#)



For every hour a stroke patient goes without treatment, the brain ages three to four years. [Page 24](#)

Your soda habit could kill: Drinking two soft drinks a day is associated with a 17 percent higher risk of death. [Page 34](#)

Coming Home

New resident Harry Hobbs explains why he's happy at the "outstanding" Oaks of Louisiana

BY TERRIE M. ROBERTS

If Harry Hobbs has one regret, it is that he didn't move to The Oaks of Louisiana sooner.

A gracious host, he offers his visitor a seat and something to drink and then takes his place at the dining room table. Morning sunlight filters through windows that overlook the heart of The Oaks campus. Chapel at The Oaks is the focal point of this area replete with natural beauty—sweeping lawns, manicured gardens and trees with branches that look like reaching arms.

It is a view that Hobbs savors, often with a cup of coffee while reading the *Wall Street Journal* and *The Times* on his balcony. "There are few places like

this in the United States that can compare," he says about the area's premier senior living community.

A successful businessman whose work required that he and his family relocate many times—from Oklahoma City to Houston, to Dallas, to Tampa, to Southern California, back to Houston and eventually to Shreveport—Hobbs can't say enough about his latest move. →



Harry Hobbs, who moved to The Oaks of Louisiana in May 2019, says he couldn't be happier about his new apartment at the Tower.



“This community is very well run. The people here are doing an outstanding job, outstanding,” he says. “When I first visited, I liked everything I saw. And when I moved in, I found out there was a lot more here than I could ever have imagined.”

Looking Around

Hobbs moved to an apartment at Tower at The Oaks in May 2019. Before that, his late wife, Barbara, was a resident in Health Center at Live Oak’s North Pavilion, and Hobbs knew she was not going to get well. “I was living alone in a fairly large house, and I got tired of that,” he says. “And I was coming out here every day to see my wife.

“Also, I have a lot of friends in Shreveport,” he says. “When I was living alone, I saw my friends, but to do that you have to arrange for it, to meet them somewhere, to do those kinds of things. That becomes a little more difficult as you get older.”

As he began contemplating leaving his home in South Highlands, he wanted to look at different independent living options not only on The Oaks campus but also elsewhere to make sure he made the best move.

“I had never looked at any of them before,” he says. The first community he visited “was not very appealing. Not at all. The apartments didn’t look good and were small. They turned me off.”

Hobbs had looked at Garden Apartments on one of his visits to see his wife and liked the floor plans and that they had patios. It was at his daughter’s urging, though, that he look also at the Tower. “She suggested strongly that I look at the Tower, because many of her friends’ mothers and fathers live here. I came over here, and it took about five minutes for me to figure out what I was going to do,” Hobbs says.



Harry Hobbs attends water aerobics classes three times a week in the Tower’s Spa & Wellness Center.

Settling In

His apartment on the third floor of the Tower features a 13-by-14-foot bedroom, full bath, full kitchen, living/dining room, den and washer and dryer. Of 19 floor plans, it’s not the largest apartment, but it’s exactly what he wanted and needed.

“I chose this apartment because I wanted to bring my dining room furniture—not that I use it all the time, but if I want to I can,” he says. The beautiful cherry table and chairs and breakfront filled with crystal are perfectly situated in front of the windows, a warm and inviting vignette that retains memories of the life he shared with his wife.

The den is a comfortable refuge with oversize chair, sofa and smart TV that fills one wall. A desk with an Apple computer fits nicely in

an alcove at one end of the room, easy access to checking stocks or headlines.

Photographs throughout the apartment document memorable times during Hobbs’ lifetime: he and his wife at a Wildcatters’ Ball in Houston; he and fellow groomsmen many years ago at his best friend’s wedding; travels around the world to such places as the Old Course at St. Andrews in Fife, Scotland, considered the oldest golf course in the world.

He has lived a full and wonderfully satisfying life these 89 years. And moving to a senior living community hasn’t changed that.

Getting Along

“I was welcomed here rather quickly,” Hobbs says. “The



Anytime you are happy in your circumstances, it is better for you."

—Harry Hobbs

observation, that The Oaks of Louisiana is a "well run" community.

"Security doesn't let anyone through the gate who doesn't belong here," he says. "They walk the halls; they patrol the campus round-the-clock.

"Maintenance takes care of any problem almost immediately," he continues. He tells about a hook in the bathroom that had fallen and needed to be replaced, a burned-out light underneath the microwave and a problem with the window in the dining room. "I left to go somewhere, and when I came back, everything had been taken care of," he says.

"The housekeeper who cleans my apartment really does a good job. I think she is wonderful," he says with a smile, pointing out he has a habit of opening and closing cabinet doors and not using the knob. "I get newsprint on my hands from reading newspapers every day and get prints all over the cabinets."

Staying Active

Hobbs attends water aerobics at the Tower's Spa & Wellness Center three mornings each week. He also uses the indoor saltwater pool for relaxing swims as time permits. He is still very active in the community off campus, meeting friends for breakfast at Strawn's, attending First United Methodist Church and getting together with his contemporaries at East Ridge Country Club or The Shreveport Club.

Many of those he shares life with off campus he invites to the

once-a-month Tower Dining Club or to Oak Room for Sunday brunch, where they serve "perfectly prepared" eggs Benedict.

"The food here is excellent. I have never had anything I didn't think was as good as you would find at any fine-dining restaurant in town," he says. "I know people may think that can't be true, but it is, and it's right in our own home."

He gazes out the window, pausing for a bit, brow furrowed as he collects his thoughts.

"I worried when I first moved here that the location would be inconvenient," he says. "That was an issue I had with myself, but I can go to church downtown faster from here than I did from my home in South Highlands. This is not inconvenient out here. That is something on the minds of people my age."

He cites the proximity to a full-range grocery store, convenient gas stations, popular restaurants and a nearby Quick Care urgent care center. Shopping and entertainment venues are also nearby, and East Ridge Country Club, where he has enjoyed hundreds of rounds of golf through the years, is a "hop, skip and jump" away.

He travels downtown at least once a week and keeps a busy schedule on and off campus. Wherever he goes, he is an ambassador for The Oaks.

"I have nothing but positive things to say about The Oaks," he says. "Outstanding."

And so are you, Harry Hobbs. ●

Live Here and Love It

Take the first step toward a happy, independent lifestyle. Speak to a leasing specialist about your options at The Oaks. Call **318-212-OAKS**.

bulk of the residents here are very outgoing."

Residents share meals together, participate in activities together and forge new friendships. It's why Hobbs believes moving to a community like The Oaks versus staying in one's aging home contributes to an enhanced quality of life and keeps older adults active and engaged.

"Anytime you are happy in your circumstances, it is better for you," he says.

And Hobbs is most assuredly happy.

"I was asked what I liked most out here, and I said the staff," Hobbs recalls. "They are outstanding—but so much about The Oaks is."

Hobbs shares glowing testimonials of how staff members have proved over and again his initial

Experience Is the Best Teacher

Pediatric training programs raise the level of care for medical students, patients and doctors

BY DARRELL REBOUCHE

Prisha Patel has a calling. Growing up in Mandeville, Louisiana, she knew she wanted to be a doctor. In fourth grade, she made a 3D model of skin and was the first student to highlight the subcutaneous layer among other structures.

“Ever since then,” she says, “I have known I want to pursue a medical career.” Now, as a medical student at Tulane University School of Medicine, her goal is within reach.

Her path has led her and many other medical students to Willis-Knighton Health System, thanks to a partnership among Tulane, Children’s Hospital New Orleans and Willis-Knighton. She describes Willis-Knighton as a warm, welcoming setting for medical students. “That encourages us to want to learn more and to want to pursue more,” she says. “It is a positive learning environment for us.”

The partnership complements a long-established relationship between WK and LSU School of

Medicine in Shreveport to educate and train generations of physicians. It also furthers Willis-Knighton’s long-standing commitment to offer innovative healthcare solutions to the Shreveport-Bossier area.

Willis-Knighton is the largest and most comprehensive provider of healthcare in the region, and the geographic footprint of WK’s graduate and undergraduate medical education initiative is quickly expanding. Medical schools around the region are reaching out to Willis-Knighton seeking opportunities to partner with one of the nation’s most technologically proficient and successful health systems.

Tulane School of Medicine is the second-oldest medical school in the Deep South and the 15th-oldest medical school in the United States. Children’s Hospital New Orleans, a nonprofit academic pediatric medical center, offers a comprehensive array of pediatric healthcare services in Louisiana and the Gulf South.

A Strong Partnership

The pediatric training and teaching programs are led by Joseph A. Bocchini Jr., MD, who has more than four decades of academic and clinical experience. He serves as medical director of children’s



Tulane medical student Prisha Patel enjoyed her eight-week rotation in Shreveport at Willis-Knighton.



health services at Willis-Knighton and vice chair of the Department of Pediatrics at Tulane.

“This program allows us to build a teaching program around the services we already provide,” Dr. Bocchini says. He believes the partnership offers clear benefits to the community, as well, because some people have historically had to travel long distances to receive care for certain underlying chronic conditions. “The pediatric medical and surgical subspecialists currently at LSU and Willis-Knighton complement each other and work together to care for children with complex and rare disorders. By expanding what we’re doing at Willis-Knighton, we can close some of the pediatric care gaps in the community by providing local access to some of the remaining subspecialties children need.”

Dr. Bocchini says more medical education will offer significant benefits. “Doctors who train here often decide to practice in nearby neighborhoods, so we can enhance the medical care available in the community.”

These regional affiliations bolster the ability of all the healthcare systems involved to further raise the level of care to children across Louisiana. “This partnership enhances our ability to deliver high-quality pediatric healthcare services to children as the leading healthcare provider in Northwest Louisiana,” says James K. Elrod, president and CEO at Willis-Knighton Health System. “We’re offering medical education



opportunities, and Shreveport-Bossier families now have better access to Children’s Hospital New Orleans’ pediatric-trained subspecialists through virtual care platforms.”

Benefits to Students and Teachers

Willis-Knighton physicians are eager to share their knowledge and teach. As a group, the Tulane students have been effusive in their praise about their Willis-Knighton rotation, saying attending physicians and ancillary staff are incredibly welcoming.

“We get to work directly with our attending physicians,” Patel says. “They take time to delve into the details and teach us about the underlying pathophysiology of the patients whom we are seeing. They allow us to get really hands-on.”

The students celebrate this access to attending physicians, especially when they are working on rare, interesting cases. Moreover, they perceive that Willis-Knighton physicians and staff are genuinely interested in their learning experience as well as their overall well-being.

“The culture of Willis-Knighton is based on providing safe and effective



“Doctors who train here often decide to practice in nearby neighborhoods, so we can enhance the medical care available in the community.”

—Joseph A. Bocchini Jr., MD, Willis-Knighton Medical Director of Children’s Health Services and Tulane Department of Pediatrics Vice Chair



Above left: Tulane medical students Julie Chu (from left), Prisha Patel and Michael Esantsi gather bedside in the pediatric unit at Willis-Knighton South & the Center for Women’s Health. Above middle: Allen Zhang (back center) and his fellow students round with WK pediatricians Sharon Tran, MD, left foreground, and Craig Chu, MD, right. Above right: Joseph A. Bocchini Jr., MD, teaches the medical students at Willis-Knighton South.

pediatric care,” Dr. Bocchini says. “Strong educational opportunities naturally come from meeting our primary goal of providing excellent patient care.”

Says Chris Sale, Willis-Knighton corporate administrator, “This gives Willis-Knighton physicians an opportunity to have a positive impact on the next generation of physicians. WK offers a great learning experience that will help them finish training and be well-rounded, productive physicians.” Sale adds that patients benefit from the presence of medical students because “you have more clinically trained eyes on patients.” This is also a benefit to Willis-Knighton physicians, Sale says, because they enjoy teaching.

“When you go through medical training,” Dr. Bocchini says, “a lot of people mentor you and help you learn how to practice medicine. Many physicians want to give back by doing the same thing for the next generation of physicians.”

So, Willis-Knighton may be the perfect place to help students like Prisha Patel achieve their dreams. ●

BRINGING HEALTHCARE

HOME

**Willis-Knighton's quality services extend
to patients after they leave the hospital**

BY MARILYN S. JOINER

Most people think of hospitals and clinics as the best sources of healthcare, but at Willis-Knighton, some of the best care is delivered in a nonclinical setting: the patient's home.

Anthony Martin, director of home health for Willis-Knighton Health System, says his department's services are a continuation of the same quality care with a focus on education.

Consider a person with diabetes who is newly diagnosed with heart failure. "The patient knows how to manage diabetes, but they don't know how decisions they make about diabetes affect their new diagnosis of heart failure," Martin explains.

While education starts in the hospital, Martin believes some patients say they understand what they've been told only because

they are ready to get home to their own pillow, pets and food preferences. Combine home-sickness with the stress of a hospital stay, and patients may not fully understand what they are facing.

"That's why home health is so relevant," Martin explains. "We pick up where the hospital staff leaves off."

Going into a patient's home allows Martin's staff members to develop a relationship with the patient, family members or caregivers. It also allows them to gain insight into what the patient needs to restore health.

"Sometimes it takes two or three visits before patients begin to trust us and confide

in us,” Martin says. Once trust is established, nurses and therapists can identify barriers to the person’s recovery. These could be financial, educational, environmental or even lack of family support. And once staffers identify barriers, they can work to address them and prevent readmission to the hospital.

Because this care is so personal and intense, Martin says a career in home health appeals to nurses who like to spend quality time with patients and really get to know them over the 60-day admission period.

PATIENT FOCUS

Martin points out that our community has many home care options but that Willis-Knighton has special advantages. First, staff members have access to a patient’s complete records from Willis-Knighton, not just those from a recent hospitalization. This shows a patient’s progression during a longer period: admissions, lab results, imaging reports, wound care records and more.

And second, because Willis-Knighton is a not-for-profit health system, the focus is on patients first, not profits. “Medicare pays in full for a 60-day admission to home health if the patient has at least five visits, but we don’t skimp on visits,” Martin notes. “If the patient needs 30 visits, we’re going to give them 30.”

Although most visits occur during the day, Willis-Knighton Home Health is on the job 24/7, with a nurse on call. “If something happens in the middle of the night, we want to arm patients with information to make good decisions, but if they need us, they only need to call,” Martin says.

‘A GODSEND FOR US’

Austin Tucker, a retired Baptist minister, has developed deep ties with Willis-Knighton Home Health. Because he is paralyzed from midchest down, he frequently needs attention. Transporting him around to doctors and therapists can be draining for him and his wife, Beverly. “Willis-Knighton Home Health has been a godsend for us, because it



Brenda Morgan, who works with Willis-Knighton Home Health, makes a home visit to retired Baptist minister Austin Tucker, who is paralyzed from midchest down.

“We are the eyes and ears for the doctors. We have the same skill sets as nurses in the hospital setting, and that allows us to coordinate and manage care with doctors just as we would in the hospital.”

—Brenda Morgan,
Willis-Knighton
Home Health Nurse

has saved us from getting him in the van and getting to doctors every week or sometimes twice a week,” she explains.

With weekly visits to the Tucker home, nursing staff identify problems that need to be addressed. “I don’t know how we would have done it all without them,” Beverly Tucker says. “They are all professional and know exactly what we need and what to do. We love them all.”

She is especially thankful that nurses have quick access to doctors’ offices, getting through more quickly than she alone could do.

Brenda Morgan, who marks her 35th anniversary at Willis-Knighton in June, was the first nurse to care for the Rev. Tucker. After 27 years working in home health, she loves seeing what this kind of care means, not just to the patients and their family members, but to the doctors as well.

“We are the eyes and ears for the doctors,” Morgan says. “We have the same skill sets as nurses in the hospital setting, and that allows us to coordinate and manage care with doctors just as we would in the hospital.”

Today, with a wealth of experience, Morgan is most often in the office, orienting home health nurses, coordinating team meetings and serving as a liaison for doctors’ offices, but when the schedule is tight, she hops in the car to visit patients, educating, listening, guiding, advising and, always, doing what home health does best, caring. ●



A Cheerful Heart Brings a Smile

MEET GARDEN APARTMENTS
RESIDENT DAISY HEITNER

BY TERRIE M. ROBERTS



Daisy Rudd Heitner is 96 years young. With a peaches-and-cream complexion, a twinkle in her eyes and a smile that rarely leaves her face, she exhibits a joyfulness that is refreshing for someone her age.

“I honestly don’t know why I’m so happy,” she says. “Even when I was a child, my teachers always said that I was always happy and smiling. I guess it’s the Holy Spirit.”



Daisy Heitner (left) and fellow resident Lois Dukes enjoy the many activities and programs offered at The Oaks.

The Oaks of Louisiana resident, who lives independently at Garden Apartments at The Oaks, has had her share of tragedy, having out-lived her husband, her 18-year-old son and more recently her 70-year-old daughter, but a strong faith has sustained her. She shares stories of her beloved son and daughter, noting on this day she is hanging up photos of her son, her voice cracking, the pain of his loss still felt all these years later.

“I depend on the Holy Spirit entirely,” Daisy says.

She moved to The Oaks three years ago at the suggestion of a friend whom she depended on for advice and counsel. She had relocated to Shreveport eight years earlier after a lifetime in Waskom, Texas, where she was born, but felt one more move was necessary.

“I was thinking of moving somewhere I would be taken care of when I needed to be, and my friend said, ‘The Oaks is a well-run place.’ I remember his words exactly.”

Daisy had begun to feel afraid and less secure living alone. That The Oaks is the only gated senior living community in the area and there is 24/7 campus patrol and emergency response was exactly what she needed for peace of mind.

“I made the right decision. I am happy,” she says.

Her days are full—there is Bible study; lunch with friends Frances Perego, Bobbie Harlan and Lillian Bares; bridge games off campus; attending programs and taking part in various activities.

“I walk out my door and turn left and go into the Chapel for church; I turn right and there is my dining room,” she says. “The Lord is gracious.” ●



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AND
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HANDS



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