

VIM &

FALL 2019

WK
WILLIS-KNIGHTON
HEALTH SYSTEM

What Can't SHE DO?

23 ways every woman
can get healthier

PLUS *Julia Louis-Dreyfus*
faced breast cancer and
came out laughing

NEONATAL STAFF
CARES FOR INFANTS
AND THEIR FAMILIES

*Tips for choosing
senior living*

WILLIS-KNIGHTON
COMMITTED TO
NEW TECHNOLOGY

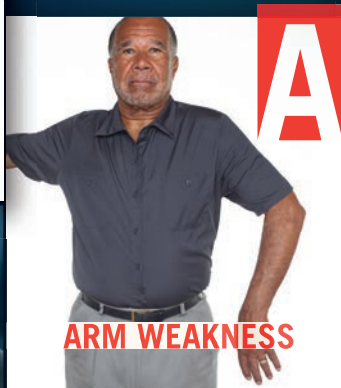




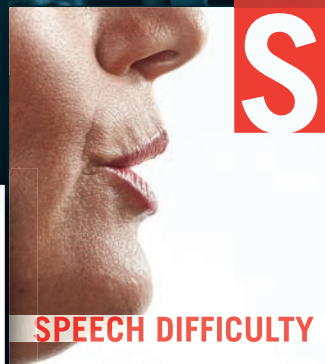
Body language
can tell you all
sorts of things.
Like someone is
having a **stroke**.



FACE DROOPING



ARM WEAKNESS



SPEECH DIFFICULTY



TIME TO CALL 911



Ad
Council



strokeassociation.org

 American
Heart
Association | American
Stroke
Association

Together to End Stroke™

Know the sudden signs.
Spot a stroke F.A.S.T.

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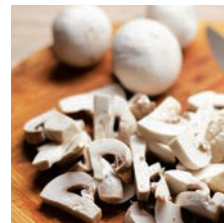
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A SEASON OF CHANGE

Willis-Knighton offers services for every age and every stage of life



"To everything there is a season, and a time to every purpose under heaven." These iconic words from Ecclesiastes have set the tone for many a Judeo-Christian sermon and even for a song written by folk singer Pete Seeger. And as we prepare this issue of *Vim & Vigor* and think about fall, it's also appropriate.

As the seasons change, we are all visually aware of the changes around us, knowing that as the leaves fall in fall that they will again spring in spring. There are few things around us as beautiful as the campus of The Oaks of Louisiana, no matter what the season. And one of the most beautiful things of our campus, beyond the trees, flowers and wildlife, is the resident population. Those living at The Oaks have decided to deal with changes in their lives by changing their residence.

In this issue, Terrie Roberts gives insight into the choice of a senior living community, understanding it's best when active seniors can engage in making their own decisions, rather than having loved ones direct them. Check out her story on page 52.

The quality offered to seniors at The Oaks reflects the general approach to quality and innovation that have become hallmarks of Willis-Knighton. That innovation is nowhere more evident than in the level of technology available throughout the health system. Marilyn Joiner writes in this edition about the importance of technology and the team of experts who use it. That story appears on page 54.

When we consider experts, we frequently focus on the miracles that occur at Willis-Knighton, including those in our neonatal intensive care unit (NICU). Darrell Rebouche offers a heartwarming story about the NICU, profiling a couple whose 4-year-old daughter spent her first 86 days of life in the NICU at Willis-Knighton South & the Center for Women's Health. Look for it on page 49.

Truly, this issue reflects that Willis-Knighton offers services for everyone, from every age and stage of life. As summer days drift from soft and warm to colorful and cool, my wish is that this season will be a pleasant one for you.

James K. Elrod
President and CEO



VIM & VIGOR

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Courtney Herzog

A CALL TO ORDER

Clutter can affect your well-being, making it hard to concentrate and leading to stress. Try tackling it one step at a time



A heavy sigh escapes your lips as you survey the mess before you. Would it be easier to wage war against the stuff overtaking your home, or to scale the mountains of junk and flop down on your couch in defeat?

“Clutter is an overabundance of possessions that collectively create chaos and disorderly living spaces,” says DePaul University psychology professor Joseph Ferrari. In the short term, it may be easier to ignore the clutter, but there are good reasons not to wave the white flag to this annoyance. Whether from a recently emptied nest or the accumulation over a lifetime, clutter negatively impacts your well-being in subtle ways.

The brain functions best when there is order. Being in an environment with too much distraction makes it harder to concentrate on what you’re doing, exacerbating brain fog, forgetfulness and other memory problems.

Chronic stress is another result of clutter. You may be late because you can’t find what you’re looking for, get upset because no one wants to help pick up, or spend too much time cleaning and organizing. All those frustrating situations can trigger stress hormones to flood your system. Long-term exposure to stress hormones can make it hard to lose weight, fall asleep and relax.

Clutter can also lead to physical health issues. Breathing problems such

as asthma and allergies are made worse by the dust, mold and pests that settle in and on objects. Clutter drains energy and motivation, so reaching for junk food and skipping a workout seems more attractive than eating healthfully and exercising.

The problems seem daunting, but the solutions are simple:

► **Throw away or donate the things you no longer use or need**, clean the newly emptied spaces and set up an organization system that allows your household to stay orderly.

► **Get everyone living in your home on board with your new organization system** so the burden of keeping up the house doesn’t fall all on you.

► **Handle paper as soon as it hits your hands**; when the mail arrives, immediately toss junk mail and file/pay bills. File or store receipts, medical information, tax papers, etc., as soon as possible.

► **Donate gently used clothing that no longer fits**; it’s not doing you any good just hanging in your closet, robbing you of valuable space.

► **Don’t let clutter enter your house**. Don’t buy it if you don’t need it. Even if something is free, that doesn’t mean you have to take it.

It doesn’t matter what your plan of attack is—one drawer or room or category at a time or tackling everything at once—as long as you get clutter under control before it controls you. ■

Technology Update

Willis-Knighton continues to offer innovative care

A NEW OPTION FOR SCANS

Residents of Shreveport, Bossier City and the Ark-La-Tex look to Willis-Knighton for innovative care and technology. The GE SPECT/CT is an exciting new option available from doctors at Willis-Knighton.

Target: Patients with a variety of difficult-to-diagnose or complex clinical conditions.

Issues addressed: This technology combines the best of a CT scan with the best of a nuclear medicine image in an image-fusing process called functional anatomical mapping. It eliminates inaccuracies caused by variations in patient position or changes in the patient from one imaging session to the next.

Introduced by: Radiology at Willis-Knighton Medical Center.



3D MAMMOGRAPHY

October, Breast Cancer Awareness Month, is coming soon. Whether you get your mammogram during October or any other month, you can always count on exceptional technology and experienced mammography technologists. All WK Breast Centers offer updated 3D mammography technology that is superior for women with dense breast tissue. In addition, WK has added comfort paddles that enhance the patient experience without compromising image quality. Let your doctor know that you prefer to have your mammogram at Willis-Knighton, the region's technology leader.

BY THE NUMBERS



Willis-Knighton offers a variety of access points for care

4

FULL-SERVICE ACUTE CARE HOSPITALS

4

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CLINICS IN SHREVEPORT, BOSSIER CITY AND NORTHWEST LOUISIANA

► UPCOMING EVENTS

“VITAMIN D: IS IT RIGHT FOR ME?”



Few vitamins are used by as many parts of the body as vitamin D. Studies show vitamin D has a positive impact on chronic diseases and illnesses—from cancers to glucose management to autoimmune issues. Newer studies are beginning to focus on the vitamin's potential impact on memory. You can get vitamin D from food but also from your body's metabolism of sunlight. With the winter months approaching, the reduction in daylight hours could affect your vitamin D levels. However, too much vitamin D can harm you. How do you know the right levels for you?

Michelle Self, MD, leads a thought-provoking discussion about this unique vitamin at The Oaks of Louisiana. Dr. Self will talk about the science behind vitamin D and help you define a list of questions to ask your physician to ensure your levels are right for you. Oaks chefs will offer vitamin D-inspired cuisine.

Join us in the Tower Oak Room on Wednesday, Oct. 23, at 5:30 p.m. for this important and informative discussion. The cost is \$10, and registration is required. Register online at wkhs.com (click “Classes & Events”) or by phone at 318-212-8225.



PHOTOS BY GETTY IMAGES



“UNIVERSITY AT THE OAKS: HAUNTED HISTORY BUS TOUR”



Our city is full of stories—old and new, true and not. But some of the most fascinating stories are of Shreveport's

haunted history. Take a one-hour bus tour with Louisiana State University Shreveport history professor Cheryl White, PhD, and discover the historical hauntings that surround our city. Listen to White talk about how these “haunted” legends have become part of our local culture and have contributed to our city's image today. Guests will visit several spots in the area thought to be haunted.

The “University at the Oaks: Haunted History Bus Tour” leaves at 4 p.m. on Monday, Oct. 7, from Tower at The Oaks. The cost is \$10, and registration is required. Register online at wkhs.com (click “Classes & Events”) or by phone at 318-212-8225.



Maintenance team members help hang pictures for residents when they move in.

HELPING HANDS

The Oaks offers residents freedom from the burdens of home maintenance



In October 2017, Mary Ann Webb was standing in water ... *inside* her house! Two water heaters in the attic had burst and flooded her Apple Tree home.

"You can imagine how long it took me to find people to clean it up and get everything back in order," she says. "That was the last straw."

Having lost her husband two years earlier, home maintenance and upkeep had become her responsibility. "I was always trying to find someone to do handiwork, trim this and that and make minor repairs. I had had enough," she says.

Webb no longer wanted the worry or financial burden of surprise home repairs and general maintenance. She wanted maintenance-free living.

She found it at The Oaks of Louisiana, where she moved into Tower at The Oaks, one of the community's independent living residences. "No longer having to worry about maintenance was the main reason I moved here," she says.

The maintenance team at The Oaks is composed of friendly and familiar staff who are a phone call away.

Residents are introduced to team members when they move in and receive a couple of hours of help to get pictures hung and furniture in place.

"We want residents to know, from that point on they don't have to worry about their home. Leave the care of it to us," says James Parkerson, Oaks maintenance manager. "Freedom from home

maintenance allows residents to experience vibrant, carefree living each day—something they don't have as homeowners. In a house, something always needs to be repaired."

And home maintenance is essential to ensure a safe and healthy environment. Because the capabilities and limitations of a person change with age—strength decreases, hearing and vision loss occurs, memory declines—the demands of a home pose challenges. That is why maintenance-free living is appealing to senior adults who move into communities like The Oaks.

"If a resident has a problem, he or she picks up the phone and it's taken care of," Parkerson says.

Maintenance services include miscellaneous electrical, plumbing and structural repairs as well as monthly cleaning of air filters and fire extinguisher checks. They even replace light bulbs!

"I am just very pleased everything is taken care of here. I don't have to worry about a thing," Webb says. "All things work together for good." ■

Maintenance team member Jeremy Watts checks for a leak as Tower at The Oaks resident Mary Ann Webb looks on.



ADD SOME PEP TO YOUR POULTRY

Chicken coated with hummus and served with roasted vegetables makes a delicious meal

Hummus-Crusted Chicken

INGREDIENTS

4 boneless, skinless chicken breasts (organic when possible)	1 cup plain hummus
1 teaspoon Himalayan salt	2 lemons cut into 8 slices
½ teaspoon black pepper	2 tablespoons smoked paprika

INSTRUCTIONS

Preheat oven to 350 degrees. Salt and pepper both sides of the chicken. Divide the hummus and spread evenly over the top of each chicken breast. Place two lemon slices over the hummus-crusted chicken. Sprinkle paprika evenly over the chicken and place in the preheated oven. Bake for 35 minutes. Remove from oven and check for doneness. Internal temperature should reach 165 degrees in the thickest part of the breast. If it hasn't reached the desired temperature, return chicken to the oven and cook for an additional 5 to 10 minutes until it reaches 165 degrees. Remove lemons before serving.

Yield: 4 servings

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



Roasted Vegetables

INGREDIENTS

1 medium size zucchini
1 medium size yellow squash
1 bunch thin asparagus
(ends trimmed)
Salt and pepper to taste
2 to 3 tablespoons olive oil
2 cups grape tomatoes,
cut into halves
¼ cup fresh basil, thinly sliced

INSTRUCTIONS

Preheat oven to 425 degrees. Slice zucchini and squash lengthwise into quarters and then cut strips into 1-inch pieces. Cut asparagus into 1-inch pieces. Place vegetables in a bowl and toss with salt, pepper and olive oil. Place coated vegetables on jelly roll pan and place in preheated oven. Roast for 20 minutes and check for color and tenderness with a fork. You may need to stir the vegetables from the edge to the center if they need more roasting time. Once you determine vegetables are tender, scatter halved grape tomatoes over the vegetables. Sprinkle basil over vegetables and stir gently. Serve with hummus-crusted chicken.

Yield: 4 to 6 servings

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





MANAGEMENT PROFILE

Quietly Taking Care of Patients

Sports fans will tell you the best referees are the ones you don't notice. Those are the officials who effectively and efficiently do their jobs while allowing the game to be played at a high level. The same sentiment can be applied to leaders in healthcare. Richard Boyter doesn't wear a whistle, but as the administrator of Willis-Knighton Extended Care Center, he quietly keeps a watchful eye on a flurry of activity every day.

A registered nurse with a degree in business administration, Boyter is well-qualified to oversee operations of a long-term care facility. His current role has also brought him back to his roots. "In 1976, I worked at a long-term care facility, buffing floors. I got very close to the residents, and the administrator there was an idol for me," he says.

Boyter has worked for Willis-Knighton in various roles since 1999 and has been an administrator since 2006, although he started his career as a nursing home administrator in 1984. The role seems to be his calling. "I want to make sure each patient has a fulfilling life," he says. "We want to make sure they are well taken care of."



WK EMPLOYEES

Growing Future Leaders

Bonnie Dubin seems driven to help people work together, which fits nicely into her role as Willis-Knighton's team development manager.

"I travel around the system, working with different departments and clinics, doing team building, working on soft skills and creating better teamwork," she says.

Dubin has worked for Willis-Knighton since 2010, but her dedication to developing leadership significantly predates that. For more than 20 years, most of them as program chairman, she has generously shared her expertise with the Bossier Youth Leadership Program. "I love working with the youth," she says. Dubin also expressed admiration for her fellow board members. "It's a mix of community people who are committed to evolving every year."

The mission of the program, presented by the Bossier Chamber, is to grow future leaders of northwestern Louisiana. Students from every Bossier Parish high school participate every year. "The overall goal is for the students to graduate college and come back into the community," Dubin says. The students are taught about, among other things, leadership, quality of life, government, law enforcement, economic development and healthcare technology.

At work and in the community, Bonnie Dubin is helping create well-rounded leaders, and we are all better for her efforts.

The Women's Wellness Issue

QUIZ: Women's Health



Put your knowledge about the health of American women to the test by answering these five questions

1

What is the leading cause of death for women?

- a. Cancer
- b. Heart disease
- c. Diabetes
- d. Accidents

2

What's the most common cancer in women besides skin cancer?

- a. Breast
- b. Lung
- c. Ovarian
- d. Colorectal

3

What percentage of people with osteoporosis are women?

- a. 35 percent
- b. 50 percent
- c. 80 percent
- d. 95 percent

4

What proportion of women are obese?

- a. 2 in 10
- b. 3 in 10
- c. 4 in 10
- d. 5 in 10

5

What percentage of women dealt with an anxiety disorder in the past year?

- a. 5 percent
- b. 11 percent
- c. 20 percent
- d. 23 percent

Read on to learn more about how every woman can improve her health →

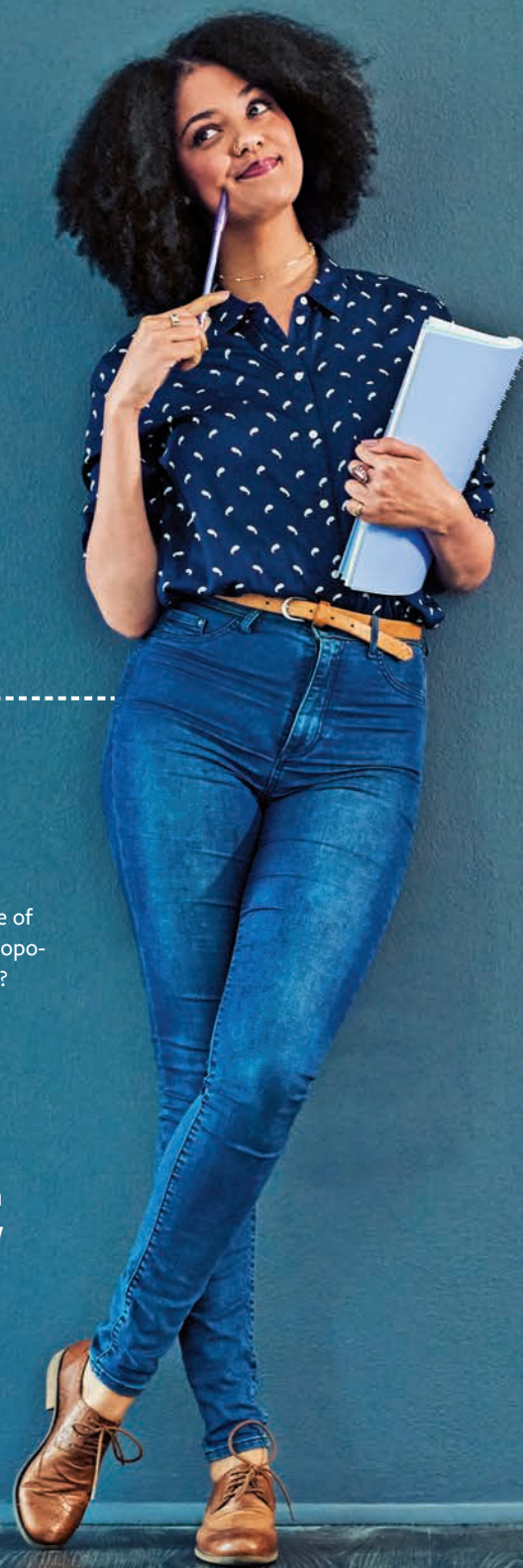




PHOTO BY MIKE WINDLE/GETTY

WITTY AND WELL

*Julia Louis-Dreyfus
faced breast cancer
with her signature
humor intact—and
then got back to work*

BY **JEANNIE NUSS**

On Sept. 17, 2017, Julia Louis-Dreyfus won the Emmy Award for outstanding lead actress in a comedy series for her role in the HBO political comedy *Veep*.

It was a big deal—marking her sixth consecutive Emmy for playing the sharp-tongued Selina Meyer and setting a record for the most wins by an actor for a single role.

The next day, Louis-Dreyfus got more big news. She found out she had breast cancer. A week and a half later, she went public with her diagnosis: “1 in 8 women get breast cancer,” Louis-Dreyfus wrote in a post shared on social media. “Today, I’m the one.”

A Common but Serious Diagnosis

Aside from skin cancers, breast cancer is the most common kind of cancer among women in the United States, according to the American Cancer Society.

Survival rates have increased drastically in recent decades, with death rates from female breast cancer dropping 40 percent from 1989 to 2016, thanks in large part to increased awareness and better treatments.

But “it is still a very serious disease,” says Susan Brown, MS, RN, senior director of education and patient support at Susan G. Komen. “There are still more than 41,000 people who will die of breast cancer this year.”

When celebrities like Louis-Dreyfus, who has been a household name for three decades thanks to her role as Elaine Benes in *Seinfeld*, make their diagnoses public, Brown says that not only increases awareness of the disease but also can prompt people to be more proactive.

“I think that most people in the United States are aware of breast cancer, but just because people are aware doesn’t mean they will take action,” she says. When a celebrity talks about a breast cancer diagnosis, it “serves as a trigger to encourage people to take action related to their own breast health.”

Louis-Dreyfus’ treatment included surgery and three rounds of chemotherapy. She provided fans with a triumphant update on Valentine’s Day 2018, when she posted a glamorous photo on Instagram.

“Hoorah! Great doctors, great results, feeling happy and ready to rock after surgery,” she wrote. “Hey cancer, F--- you! Here’s my first post-op photo.”

A few months later, Louis-Dreyfus returned to the set of *Veep* to film season 7, which aired this year and marked the close of the series.

Read on for some breast cancer basics—and more about Louis-Dreyfus’ experience with the disease.



7 THINGS YOU (PROBABLY) DIDN'T KNOW ABOUT JULIA LOUIS-DREYFUS

- 1 Her mother, Judith, was a special needs tutor and author, and her father, Gérard (who was known as William), was a billionaire businessman.
- 2 She studied drama at Northwestern University, where she met her husband, Brad Hall.
- 3 She and her husband were members of the *Saturday Night Live* cast in the early 1980s.
- 4 She was part of the famed Second City comedy troupe.
- 5 She appeared in Woody Allen’s 1986 film *Hannah and Her Sisters*.
- 6 She was named one of The 50 Most Beautiful People in the World by *People Magazine* in 1998.
- 7 She and her husband have two children, Henry and Charlie.

Sources: IMDb, The New Yorker, People

Cause, Risk Factors and Prevention

Changes or mutations in DNA can cause normal breast cells to become cancer. Some of those DNA changes are passed down from parents and can increase a person’s risk of breast cancer. But most DNA changes linked to breast cancer take place in breast cells during a person’s life rather than having been inherited, the American Cancer Society says.

There are a number of lifestyle-related risk factors for breast cancer. Here are some of them, plus strategies to lower risk:

► **Alcohol.** Drinking alcohol is linked to an increased risk of breast cancer, according to the American Cancer Society.

“The greater the amount of alcohol you consume, the greater the risk of breast cancer,” says Len Lichtenfeld, MD, American Cancer Society interim chief medical and scientific officer.

Women who have two to three drinks a day have about a 20 percent higher risk of breast cancer compared with women who don’t drink alcohol. The American Cancer Society recommends that women who drink have no more than one drink a day.

► **Obesity.** The link between weight and breast cancer risk is complex. But research has found that being overweight or obese after menopause seems to increase breast cancer risk.

That’s because before menopause, ovaries make most of the estrogen, but after menopause, when ovaries stop making estrogen, most of the estrogen comes from fat tissue, according to the American Cancer Society. Having more fat tissue after menopause can raise estrogen levels and increase the risk of breast cancer.

Women who are overweight also tend to have higher blood insulin levels, which have been linked with some cancers, including breast cancer.

For these reasons, the American Cancer Society recommends women stay at a healthy weight throughout their lives.

“Maintaining a healthy lifestyle, while evidence has not shown that it will prevent breast cancer, will certainly help reduce the risk,” Brown says.

► **Lack of exercise.** Regular physical activity appears to reduce breast cancer risk, particularly in postmenopausal women.

It’s not clear exactly how that works, but it may have something to do with the effect of exercise on body weight, inflammation, hormones and energy.

The American Cancer Society suggests that adults get at least 150 minutes of moderate-intensity physical activity (brisk walking, leisurely riding a bike, vacuuming) or 75 minutes of vigorous activity (jogging, swimming laps, hiking uphill) each week.

Evolving Treatments

Just as researchers’ understanding of breast cancer has changed, so, too, have treatment options.

Instead of using a one-size-fits-all approach for breast cancer cases, physicians are increasingly tailoring their approaches to each patient.

“I’m not someone who likes looking back. I look forward. That’s how I operate. ...I am just ready for the next thing.”
—Julia Louis-Dreyfus

“What we’re finding out about breast cancer is breast cancer is not one disease,” Lichtenfeld says. “It’s many diseases. And we are now developing the tools to understand each woman’s breast cancer.”

Treatment usually involves some combination of surgery, chemotherapy, radiation, hormone therapy and targeted therapy, according to Susan G. Komen.

Louis-Dreyfus’ treatment included surgery and chemotherapy, which led to difficult side effects, including nausea, diarrhea, neuropathy in her hands and feet, and sores on her face and in her mouth, *The New Yorker* reported.

That derailed the actor’s initial plan to keep working on *Veep* during her treatment. After the star consulted with a doctor, the show went on hiatus, and Louis-Dreyfus took to posting updates on social media, including a December 2017 picture of IV bags at a hospital with the caption, “Getting ready for the holidays with my awesome Xmas cocktail.”

She has used her status to help people in need by raising money for the AiRS (Alliance in Reconstructive Surgery) Foundation, which helps breast cancer patients pay for reconstructive surgery.

“There are plenty of women who decide not to get reconstruction, which is fine,” Louis-Dreyfus told *InStyle*. “But if you want it and can’t afford it, that’s heartbreaking to me.”

Now healthy, Louis-Dreyfus remains optimistic about her post-breast cancer, post-*Veep* life, which is to include at least two films set for release in 2020, a Pixar animated comedy and a family drama co-starring Will Ferrell.

“I’m not someone who likes looking back,” she told *InStyle*. “I look forward. That’s how I operate. We’ll finish an episode, and I am just ready for the next thing.” ■

When in Doubt, Get It Checked Out

It can be confusing to decide when you should start getting screened for breast cancer. “Talk to your general practitioner about what your risk factors are,” says Julie Cupp, MD, of WK Breast Health and Surgical Specialists in Shreveport.

While the American Cancer Society recommends that women of average risk should have the option to start screening at age 40, several factors determine that risk level. Dr. Cupp says some examples include family history, when you had your first child, when you went through menopause, and if you’ve had hormone replacement therapy.

The technology for breast cancer screening is ever-evolving. “It’s getting better every time we turn around,” Dr. Cupp says. “Digital mammography was a game-changer. Now we have 3D technology, which creates clearer pictures that can help us decipher what’s going on in people with higher breast density. It reduces the number of people who are called back for noncancerous findings while increasing the amount of cancers found that would have been hidden otherwise.”

It all comes back to communicating carefully with your doctor to determine your risk factor, and, she says, “you can always search out a breast specialist like me.”

WEBSITE



High-Tech Care for You

You deserve the most sophisticated technology to detect breast cancer at its earliest stages. Find out about the screening, diagnostic and treatment technology available at Willis-Knighton at wkhs.com/breast-centers.

THE BIG STORY



ILLUSTRATIONS BY EDUARDO FUENTES



What's Going On in **YOUR BODY?**



A woman's body can be mysterious, and health issues can be vexing. Turn the page to learn about dealing with uterine fibroids, coping with miscarriage and surviving menopause **BY LEXI DWYER**

One of these things doesn't belong here.

The Facts About FIBROIDS

➔ *If you've received this common diagnosis, there is no need for alarm. Here's what to know about these uterine growths*

Fibroids, also called leiomyomas or myomas, are noncancerous growths in the uterus. Although the word “growth” can be scary, it’s important to know that fibroids often don’t require treatment.

And if your doctor spots a fibroid—they’re typically found on an ultrasound or during a pelvic exam—know that you’ve got company. The National Institutes of Health reports that by age 50, as many as 70 to 80 percent of women will develop fibroids.

“They’re super, super common, and most of the time you can leave them alone,” says Anat Zelmanovich, MD, an OB-GYN and member of the American Board of Obstetrics and Gynecology. Here is what the experts know about fibroids.

► **The cause isn’t totally clear.** It’s normal for uterine cells to respond to hormonal shifts—these fluctuations cause the lining to

thicken and shed with each menstrual cycle. But the cells that lead to fibroids seem to be extra-responsive to hormones, and it's this overgrowth of muscle cells that causes the benign tumor to form. "They could be caused by an overreaction to scarring, but we aren't 100 percent sure," Zelmanovich says.

► **Fibroids aren't cancerous.**

Leiomyomas are always benign. But in some cases, a leiomyosarcoma, or cancerous tumor, may develop in the uterus. According to the Sarcoma Foundation, leiomyosarcoma is extremely rare, affecting only 6 in 1 million women each year. Simply having fibroids does not increase your risk for it—nor are you more likely to get other gynecological cancers.

► **Symptoms may vary—or not exist at all.** Women with fibroids may experience heavy bleeding with menstruation or bleeding between periods. Excessive bleeding can lead to anemia, which may be one reason for treating fibroids. Other symptoms include constipation or frequent urination (if the fibroid is pressing on the rectum or bladder), painful sex and difficulty getting pregnant. "Symptoms will depend on the size and location of the fibroid," Zelmanovich says.

► **African-American women are affected more severely.** The *Journal of Women's Health* reports that black women are three times more likely than white women to develop fibroids. They're also more likely to get them at a younger age; the reasons why are largely unknown.

► **If you choose treatment, there are many options.** Doctors treat fibroids if they affect a woman's quality of life. Most of the time, the recommendation will be watchful waiting; your doctor can monitor the size of the fibroid at your annual exams, typically with a transvaginal ultrasound. If you do opt for treatment, the method you choose will depend on a variety of factors, like your age, whether you want to have children and the nature of your symptoms.

Treatment options include:

Oral contraceptives. Birth control pills don't shrink fibroids, but they can improve the symptoms. "Birth control pills thin the endometrial lining, which will lessen bleeding," Zelmanovich says. Hormonal intrauterine devices (IUDs) can serve the same purpose.

Drugs to suppress hormones. Also known by brand names like Lupron and Synarel, gonadotropin-releasing hormone agonists can shrink fibroids by stopping the production of certain hormones. But it's considered unsafe to take GnRH agonists for longer than nine months, and the fibroids will return once the drug is stopped. For this reason, women typically use these drugs to either shrink tumors before having surgery or solve the issue temporarily if they are close to menopause.

Myomectomy. This type of surgery removes only the fibroids but leaves the uterus and other organs, making it a good option for women who want to get pregnant someday. It can be done through a large incision in the abdomen (sometimes called "open surgery"), laparoscopically using tiny incisions, or through the vagina, using a thin, flexible tube called a hysteroscope.

Embolization. This minimally invasive procedure involves injecting small gel particles to cut off the fibroids' blood supply. Because embolization also

might affect the uterus, it is not recommended for women who wish to have a future pregnancy.

Hysterectomy. This surgery refers to the removal of the uterus and makes future pregnancies impossible; it can also lead to early menopause in younger women. "It's usually only performed when it's the last solution available," Zelmanovich says. ■

Fibroids a Common Diagnosis

Because most fibroids do not cause symptoms, it is likely you do not know you have them. It is usually a doctor who discovers these noncancerous growths of the uterus during a routine pelvic exam or prenatal ultrasound.

Women who do have symptoms often experience pain, heavy menstrual bleeding, abdominal cramping, difficulty urinating or frequent urination or constipation.

The National Institutes of Health estimates 70 to 80 percent of women have experienced fibroids by age 50. "Most women will develop them at some point in their lives," says Darrell Sandifer, MD, with Pierremont OB-GYN Specialists. "They are a common diagnosis, particularly in women ages 30 to 40."

Fibroids are muscular tumors that form in the walls of the uterus and are most frequently benign. Dr. Sandifer says treatment options depend on a woman's symptoms and the severity of those symptoms and range from medication to minimally invasive procedures.

"When trying to control your symptoms, the least invasive measures should be utilized before resorting to more complicated procedures," Dr. Sandifer says.

APPOINTMENTS



Finding Care for Fibroids

If you think you have symptoms associated with fibroids, visit your doctor to ease your mind and determine treatment. Visit directory.wkhs.com to find a Willis-Knighton physician who is right for you.

LOSS

It's normal to feel grief and confusion when a pregnancy ends unexpectedly.

Demystifying MISCARRIAGE

➔ *Early pregnancy loss is common but still heartbreaking. Learn about causes and risks*

Having a miscarriage, meaning the loss of an embryo or fetus before 20 weeks of gestation, is an incredibly common—and often emotionally painful—occurrence. According to the March of Dimes, 10 to 15 percent of known pregnancies end in miscarriage.

“Miscarriages are very, very common, and nature’s reproductive system is not foolproof by any stretch. It’s built into the system that there will be failures,” says Felice Gersh, MD, an OB-GYN and member of the American Board of Obstetrics and Gynecology.

But the fact that miscarriages are common doesn’t make them any less devastating for a woman who has experienced one. Women often feel deep disappointment and grief in addition to the physical and hormonal changes involved in losing a pregnancy.

That said, there is also hopeful news: According to the American Pregnancy

Association, 85 percent of women who've had one miscarriage will go on to have a subsequent successful pregnancy.

Miscarriage Symptoms

Although some women might experience light spotting early in pregnancy, it's important to report any abdominal cramping or bleeding to your doctor immediately.

"Often it turns out to be nothing, but any kind of pain or bleeding in the first trimester needs to be reported and investigated. Don't just wait it out," Gersh says. Some conditions, such as ectopic pregnancy, which is when the fertilized egg attaches itself outside the uterus, can be life-threatening for the mother if left untreated.

Reasons It Happens

Many women wrongly blame themselves when they suffer a miscarriage, thinking it was related to stress, sex or exercise. None of those have been shown to cause miscarriage. Two exceptions would be if a woman has a diagnosis of placenta previa (low-lying placenta) or cervical insufficiency (the cervix dilates too quickly), in which case doctors advise avoiding sexual intercourse.

Below are some of the most common causes of miscarriage.

► **Chromosomal problems.** Issues with chromosomes account for about 60 percent of miscarriages. These might include a blighted ovum (an embryo implants but doesn't develop), a molar pregnancy (a tumor forms in the uterine lining) or a translocation (chromosomes become attached or fragments of chromosomes break off and trade places). A chromosomal issue is not typically identified unless parents receive genetic testing or a sample is analyzed by a lab, which can happen if the patient has a dilation and curettage procedure to remove tissue from the uterus. But Gersh stresses that even if the cause is genetic, "it's not

necessarily the sign of an underlying recurring problem."

► **Anatomical issues.** Some conditions, such as a septate (divided) uterus or cervical insufficiency, can lead to miscarriage but can often be remedied with surgical procedures before trying to conceive again.

► **Infection.** Sexually transmitted diseases and listeriosis, a food-poisoning illness where bacteria can be passed to the developing embryo or fetus, are two examples of infections that could cause miscarriage.

Risk Factors

The following factors can increase the chances of losing a pregnancy.

► **Age.** Women ages 35 and older are more likely to miscarry.

► **Recurrent miscarriages.** Having two or more miscarriages increases the chance of having a future one.

► **Environmental toxins.** These include cigarettes, alcohol, recreational drugs and exposure to chemical solvents (such as paint thinners).

► **Health issues.** Certain diseases, especially when poorly managed, might affect a woman's ability to carry a pregnancy to term. These include autoimmune disorders, such as diabetes,

thyroid disease and antiphospholipid antibody syndrome, which can cause blood clots. Hormonal concerns, like polycystic ovarian syndrome and luteal phase defect, which can lead to low levels of progesterone, an essential pregnancy hormone, can also increase miscarriage risk. ■

Healing After a Loss

Recovering from a miscarriage—both physically and emotionally—takes time and patience. Feeling a range of emotions, especially overwhelming sadness, is common after a pregnancy loss. Not only are you recovering physically, but hormones fluctuate after pregnancy as well. Often, the emotional impact takes longer to heal than the physical recovery does.

You are not alone. Derrick Stevenson, director of therapeutic services for the Willis-Knighton Institute of Behavioral Medicine, says the first step to recovery is understanding this is not your fault.

"Many other women in similar situations grieve with you," he says.

Caring for yourself and allowing plenty of time to grieve are important. Stevenson says having a miscarriage puts a woman at an increased risk for depression and anxiety. Keeping your partner and healthcare provider in the loop about what you are feeling physically and emotionally can help you through this time.

"Seek counseling to help both yourself and your partner," he says. "Reach out for understanding and support from those closest to you."

Healing does not mean forgetting, just refocusing.

CLASS



Resources for Coping with Loss

Grief can be powerful, and it takes time and support to deal with losing someone close to us. Visit classes.wkhs.com to learn about Willis-Knighton grief counseling.

CHANGE

By this point in life,
you know how to
deal with ups and
downs.



Not Mom's MENOPAUSE



Thanks to new and established therapies, you don't need to suffer as much through this midlife shift

Anthropologist Margaret Mead once said, “There is no greater power in the world than the zest of a postmenopausal woman.” After all, this is when women might have more time for themselves and can enjoy the benefits of being older and wiser.

But that doesn't mean that menopause, which is defined as not having a period for one year, and perimenopause, the time leading up to it, are easy. This transition can cause discomfort as a woman's body slowly stops producing the hormones estrogen and progesterone.

JoAnn Pinkerton, MD, executive director of the North American Menopause Society (NAMS), explains how women can address common menopause symptoms.

Hot Flashes

Hot flashes and night sweats are some of the most common complaints associated with menopause, though only 25 percent of women who experience them seek treatment.

The most effective remedy is hormone replacement therapy, or HRT, which refers to drugs containing estrogen only or a mix of estrogen and progesterone, or synthetic versions of these hormones.

“HRT is the gold standard because it reduces both the frequency and severity of the hot flashes,” Pinkerton says.

Although not as effective as HRT, low doses of selective serotonin reuptake inhibitor (SSRI) antidepressants, as well as certain anti-seizure and blood pressure medications, also have been shown to help.

Rather than take medication, many women opt for lifestyle changes, such as wearing pajamas made from wicking fabric, using fans, lowering the thermostat (65 to 68 degrees is the ideal range at night) and limiting triggers such as alcohol, spicy food and caffeine.

Because anxiety can also lead to feelings of being too hot, Pinkerton suggests “mind-body approaches” such as meditation, yoga, hypnosis and cognitive behavioral therapy, a form of psychotherapy. Smoking and being overweight also increase the chances of having hot flashes.

Vaginal Dryness

The first step to relief from vaginal dryness? Put aside any discomfort about speaking openly with your doctor.

“Women are embarrassed to talk about painful intercourse and providers are hesitant to ask about it, and we need to stop that, because there are many things that can help,” Pinkerton says.

Along with drugstore lubricants, women can try over-the-counter vaginal moisturizers, which are typically applied two or three times a week. Low-dose prescription vaginal estrogen therapies are also available, often given as creams or tablets. Another option is Intrarosa, a vaginal suppository that mimics the adrenal hormone

DHEA and is also being studied as a treatment for decreased libido.

Finally, the hormone-free oral medication Ospheña is known for its ability to decrease vaginal discomfort.

Pinkerton cautions that those who have had cancer may not be good candidates for any kind of hormone therapy. “Low-dose hormones can be considered on an individual basis, but women should always discuss their safest options with their oncologist,” she says.

Insomnia

The National Sleep Foundation recommends adults get at least seven hours of sleep each night—and some people need more. Getting sleep helps women deal with mood swings, brain fog and other cognitive issues.

“Adequate sleep not only helps with mood and the ability to focus and concentrate, but it may also decrease the dementia risk later in life,” Pinkerton says. Of course, many women dealing with perimenopause or menopause symptoms report sleeping troubles, often related to night sweats and hot flashes.

Besides addressing issues related to temperature and comfort, Pinkerton suggests identifying your ideal bedtime routine, performing it each night and even repeating it if you wake up.

“You can train the brain to find the sleep cycle again,” Pinkerton says.

Some women find over-the-counter melatonin to be helpful, and HRT has, as Pinkerton says, “been shown to improve the amount of sleep women get and increase the time spent in REM [deep sleep] stages.” She urges women to avoid sedatives like Ambien, which may become habit-forming. ■

3 Things to Know About Hormone Therapy

No two women experience menopause in the same way. Gina Gomez, MD, with Women’s Health Associates, says there are a variety of established treatments—ranging from dietary changes to yoga to hormone replacement therapy (HRT) that can help relieve some of the bothersome symptoms associated with this change.

The decision of whether to take hormones is not one-size-fits-all. “While HRT is an effective choice, it may not be for everyone,” Dr. Gomez says. Here are some key facts.

1. HRT can provide relief from symptoms such as night sweats, hot flashes and mood swings, but for some, relief may come at an increased risk for coronary artery disease, breast cancer and stroke. Nonestrogen treatments, antidepressants or localized vaginal estrogen don’t have the same risks.

2. Most often, risks associated with HRT increase as women age. “For women younger than 60, the benefits often outweigh the risks,” Dr. Gomez says.

3. Choosing to use HRT is a personal decision. Past medical history and the severity of your symptoms may affect your decision. Dr. Gomez recommends meeting with your physician to develop a plan that works for you.

WEBSITE



Navigating Health

No specific medical treatment is necessary for the symptoms of menopause. Learning to deal with them, however, can make this phase of your life much easier. Willis-Knighton Health System offers many services focused on women’s health. To learn more, visit wkhs.com/womens.

Daughter, Caregiver

The emotional and financial burdens of taking care of loved ones often fall to female children

BY **MONIQUE CURET**



Women traditionally have been at the forefront of family life, so it's not shocking that when elderly parents need care, daughters tend to step in and shoulder the burden more often than sons. And that burden has a financial, emotional and physical price.

Women are more likely to take time off work, decrease their hours or take early retirement to accommodate a caregiving role, according to a study by MetLife that explored caregiving costs. All of these decisions affect not only current finances, but also future financial health.

The emotional hardship is significant, with caregivers struggling to understand, anticipate and meet the needs of their loved ones, some of whom have difficulty communicating. Caregivers often feel stressed, especially when it comes to the medical tasks—such as injections and tube feedings—that they perform with little to no training.

And caregiving can exact a physical price, with nearly a quarter of caregivers reporting that their health had gotten worse as a result of their role, according to a 2015 report by the National Alliance for Caregiving and AARP. Caring for people can be physically demanding, involving transferring them in and out of bed, bathing them and clothing them. Caregivers sometimes forgo their own medical care, including regular checkups, because of the relentless demands of their role.

The average caregiver spends 24 hours a week providing care, and about a quarter of caregivers provide 41 or more hours of care each week. Those hours—the equivalent of part-time and full-time jobs—represent time lost from doing paid work and tending to personal well-being.

“In general, caregivers don’t like to ask for help,” says Monica Moreno, senior director of care and support for the Alzheimer’s Association. “It’s critically important that caregivers focus on taking care of themselves as well, including building a support network, asking for help from friends and family and knowing what resources are available in their communities.”



FINANCIAL IMPACTS

Caregiving doesn't lend itself to work-life balance, and women feel the economic pinch more than men.

"A lot of it is having to juggle between the caregiving role and work," says Christina Irving, a family consultant for the Family Caregiver Alliance. "When mom or dad needs to go to the doctor, who's going to take them there? Is that time off work?"

The typical caregiver is a 49-year-old woman, a demographic that is "still dealing with providing care to their own families," Moreno says.

When these caregivers lose annual income because of reduced hours or quitting a job altogether, Moreno says, "they have to make decisions as far as what they might not be able to spend funds on, because they now might have just one income for their family" if they have a working partner.

For a female caregiver who leaves the workforce, an average of \$324,000 is lost in wages and benefits, compared with \$284,000 for a man, according to a 2017 study on caregiving from Merrill Lynch. The value of all this unpaid care from women is about \$273 billion a year.

The numbers do not include sacrifices that are hard to measure, such as missed opportunities for promotions, business travel and relocation.

"For caregivers, now your retirement is going to be diminished, and if you need care, how's that going to be paid?" says Lauren Locker, a certified financial planner whose business has a division devoted to elder care.

The U.S. is anticipating a care gap, with the number of caregivers expected to decline in the coming decades, a rapidly aging population, and adults who are living longer. Some researchers predict that by 2030, there will be four potential caregivers available for each person age 80 and older, compared with seven caregivers in 2010. While four potential caregivers might sound adequate, in reality, the job often falls to one or two loved ones.

Caregivers who leave the workforce may need to make financial sacrifices.



PHOTOS BY GETTY IMAGES



EMOTIONAL CONCERNS

The cost of caregiving is not only measured in dollars. Taking care of someone is also emotionally demanding and often draining.

Caregivers often cite the mental work as more difficult than the physical work, says Irving of the Family Caregiver Alliance. Caregivers receive little to no training, so they're learning as they go. The role involves a lot of uncertainty, including not knowing what behaviors to expect day to day from their loved ones.

"A lack of training and lack of feeling competent and confident in these caregiving tasks can create a lot of stress," Irving says.

That's particularly true when caring for people with dementia or Alzheimer's, which are progressive diseases that bring more and more dependence on a caregiver over time.

"There's not a booklet caregivers can use to walk them through every warning sign or behavior each person will experience. Caregivers have to be detectives and figure out what strategies will work," says Moreno of the Alzheimer's Association.

Nearly 40 percent of caregivers consider their situation to be emotionally stressful, and for those who provide 21 or more hours of care weekly, that number rises to 46 percent, according to the 2015 report by the National Alliance for Caregiving and AARP.

GETTING HELP WHEN YOU NEED IT

A wealth of resources exists for caregivers, but they often don't know what is available and don't have much free time to research them, says Christina Irving, a family consultant for the Family Caregiver Alliance.

"Often when I ask caregivers how they're doing, they say, 'I don't know, I haven't had time to think about it,'" Irving says. Simple activities like exercising and spending time with friends are hard to accomplish because of the constraints of caregiving.

Irving recommends that caregivers "really take inventory, take stock of how they're doing." That includes:

- ▶ Recognizing what's changed
- ▶ Assessing their mood
- ▶ Analyzing their sleep habits
- ▶ Weighing whether they have things in their lives that they enjoy

Irving says committing to small changes—like getting out of the house for a daily 10-minute walk or sitting in the backyard every day—is sustainable and realistic.

It's key to not wait too long to ask for help or seek out resources, because if caregivers become too worn down, it's harder to recover.

Where do you start if you need help? Irving recommends your local Area Agency on Aging, which is a network of hundreds of organizations nationwide that serve the elderly. Organizations focused on specific conditions—for example, Alzheimer's disease, stroke or Lou Gehrig's disease—also can be helpful, especially for access to support groups.

The Family Caregiver Alliance has a tool called the Care Navigator on its website that offers state-by-state help locating public, nonprofit and private programs and services. The Alzheimer's Association also offers a toll-free hotline—**800-272-3900**—with staff answering calls 24 hours a day, seven days a week.



PAYING THE PHYSICAL PRICE

Because of the extreme demands of their role, caregivers' physical health suffers in several ways:

- ▶ Overall well-being is worse, with higher rates of ailments including acid reflux and headaches
- ▶ Increased risk of heart disease
- ▶ Lower levels of self-care, such as filling prescriptions on time, keeping doctor appointments and maintaining proper nutrition and exercise

The Family Caregiver Alliance notes that “keeping family caregivers healthy and able to provide care is key to maintaining our nation’s long-term care system, and, with the aging of the population, this issue will only grow more important in the coming decades.”

Caregivers have an increased risk of heart disease and other physical ailments.

WEIGHING OPTIONS

Families facing decisions about caregiving need to consider all available options, Locker says. Her practice tries to help families work through the possibilities, including having siblings split up the work or having parents pay for care if they're able, rather than children providing it.

MetLife's report on caregiving costs offers similar advice: "Both male and female family caregivers need to be more aware of the long-term financial implications of leaving work or dropping back to part time in order to care for older relatives."

Locker advises giving caretaking a trial run.

"We try to counsel our clients on taking family leave," she says. "Take a short break from your job, do the caretaking and see how hard it really is."

For people looking to plan ahead for when they might need caregiving or need to provide it, the Merrill Lynch report recommends looking into long-term care insurance and designating savings for healthcare costs in retirement. Experts also recommend having advance conversations with family to discuss wishes and potential strategies in case care is needed.

With some planning, families can have a better shot at a caregiving solution that works best for everybody, so it doesn't simply fall to an overworked daughter. ■



UNIQUE DEMANDS: PROVIDING CARE FOR ALZHEIMER'S AND DEMENTIA

Caregiving for someone with Alzheimer's and dementia is not easy and, in fact, can be quite daunting.

"Taking care of someone with Alzheimer's takes a tremendous toll on caregivers," says Jeffrey T. Overdyke, MD, with The Center for Mental Wellness. "People with this disease may live on average for eight to 10 years."

Dr. Overdyke says stamina for everyone is different. While some caregivers may be able to care for loved ones for a decade, some may only be able to for a month. "When any violence or toileting problems occur, most people have reached their limit," he says.

"People forget that nurses in the hospital or nursing homes work in shifts; caregivers must work 24 hours a day for seven days a week," he says. "It is estimated that about 50 percent of caregivers will develop a depression that requires attention."

Along with the physical toll on dementia caregivers is a financial toll. Besides an average annual out-of-pocket expense of \$10,000 or more, caregivers often cut back on spending, and more than 40 percent cut back on saving because of out-of-pocket expenses.

"One of the biggest tolls is having to reduce or quit work to supervise a loved one," Dr. Overdyke says.

He urges dementia caregivers to build a support system. "This will enable you to take a break at times and do some things for yourself. Remember, loved ones are eager to help; sometimes they just need to be asked. If no loved ones are available, there are agencies that can be hired."

WEBSITE



More on Alzheimer's

Alzheimer's leads to a loss of the ability to think, reason and remember. To learn more, go to wks.com/vim/alzheimer.

Lessons from MOM

*Understanding your mother's
health history can help you make
smarter choices about your health*

BY **LAURA ARENSCHIELD**

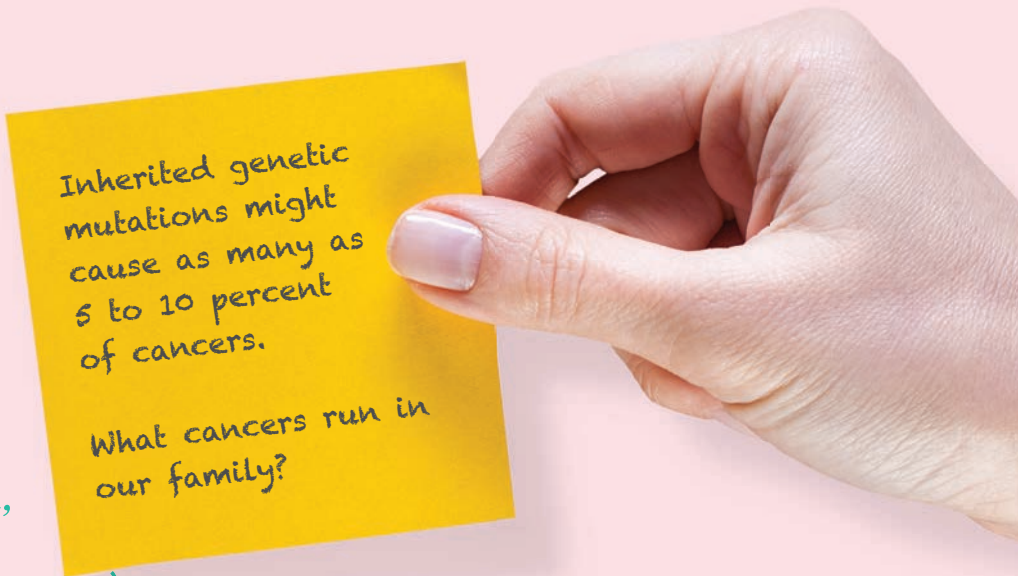
PHOTOS BY GETTY IMAGES

The bond of mothers and daughters can be beautiful or fraught or somewhere in between, but one thing is certain: There is an undeniable link between them—especially when it comes to health.

Knowing certain things about your mother's health, from the age at which she went through menopause to her history of certain cancers and heart disease, can help you and your doctor get a better handle on your own health—and it can help you know what lifestyle changes to make to mitigate your risks.

"You want to look at your mother's health history as a series of potentials for you," says Christiane Northrup, MD, author of *Mother-Daughter Wisdom: Understanding the Crucial Link Between Mothers, Daughters, and Health*. "What we really want people to know is how to get conscious about the factors involved in how genes express themselves, so that they can change them through the way they live. That's where a daughter's point of power is."

That is to say: Your mom's health history is relevant, but it's not your destiny. Here's what you should know about it and what you should share with your daughter to protect her, too.



Inherited genetic mutations might cause as many as 5 to 10 percent of cancers.

What cancers run in our family?

Your Mom's Experience with Cancer

Almost every pre-appointment screening questionnaire asks about your family's risk of cancer, and for good reason. Certain genetic mutations lead to a direct increase in your risk for certain cancers—specifically breast, uterine and colon cancers, says JoAnn Pinkerton, MD, executive director of the North American Menopause Society. If your mother carries one of those genes, you are more likely to also carry it.

"The two major risks for women are the breast cancer gene, BRCA, which is more common in certain ethnic groups, and Lynch syndrome, which we used to think of as rare and only associated with colon polyps and colon cancer, but we now know is also associated with uterine cancer," Pinkerton says. "That's why your doctor asks you if your mother or your maternal grandmother had breast or ovarian cancers"—and why you should ask your mother if you don't know.

But it's important to remember that just because your mom or grandma had cancer does not mean you will get it, too, Pinkerton says.

"Regardless of what someone's genetic risk is, there are lifestyle choices that women can make to decrease their chances of getting the disease," Pinkerton says.

Many of them you already know: Maintain a healthy weight. Exercise regularly. Eat nutritious food. Don't smoke. Limit alcohol.

But there's more to it, Pinkerton adds: "That's all true, but you also need to get enough sleep, and you need to think about stress reduction. All of those things are really important for women, regardless of whether they have family risks."

For women who do have a family history of certain cancers, a genetic counselor can help you assess your risk and identify steps to protect yourself.

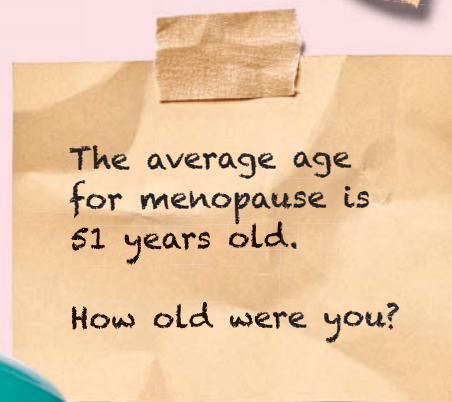
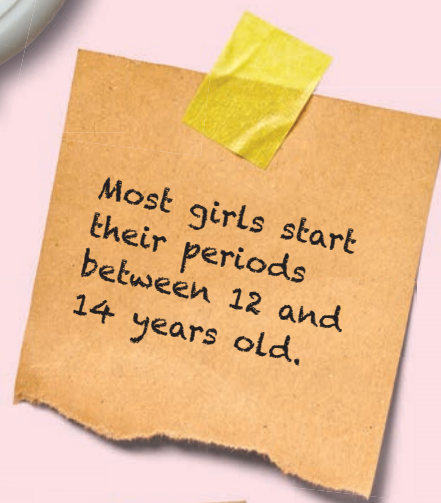
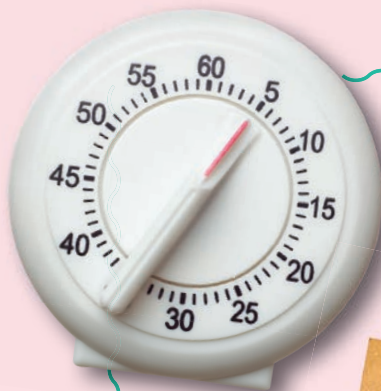
That Time of the Month and That Time of Her Life

Something you're likely to inherit from Mom? How her menstrual cycle played out over the course of her life, Northrup says.

"The age at which your mother got her first period and the age at which she went through menopause—and if it was a natural menopause—those tend to be consistent from mothers to daughters," Northrup says.

If your mother had a premature or early menopause—premature menopause begins before age 40; early menopause begins between ages 40 and 45—you might also be at risk to begin menopause before the typical time, which affects your fertility. Knowing when your mother began menopause helps you plan for children if you want them. Women who undergo premature or early menopause are also at higher risk for heart disease and osteoporosis because of the reduced amount of time their bodies produce estrogen, according to the U.S. Department of Health & Human Services' Office on Women's Health.

That doesn't mean you *will* get either of those conditions, Northrup says, but it does mean you might want to take some steps to mitigate them.



Sources for notes: National Cancer Institute, American College of Obstetricians and Gynecologists, Anxiety and Depression Association of America, U.S. Department of Health & Human Services

PHOTOS BY GETTY IMAGES

The Brain Connection

Most of us know that if we have family members with mental health issues, we are at higher risk for those issues as well.

“We get a lot from our parents—intelligence, resilience and humor, and also anxiety and depression,” Pinkerton says.

Understanding the mental health conditions your mother has had throughout her life will help you better understand the conditions you might encounter and give you a leg up on treating them if they arise.


For example, if you discover your mom went through frequent periods of low mood and crying during your childhood but didn’t seek help, you might be quicker to spot signs of depression in yourself and get help early.

It also matters if your mom ends up with a neurological disorder, such as Alzheimer’s disease or dementia.

“You might not care about those things when you’re young, but there are some patterns of heritability for Alzheimer’s and certain types of dementia,” Pinkerton says. “And, again, this means there are lifestyle changes you can make to decrease your risk.”

Those lifestyle changes are the same ones mentioned for preventing cancer: Maintain a healthy weight, eat healthy foods, manage stress, limit alcohol and quit smoking.

With the combination of knowledge of your mom’s health history and commitment to good habits, you—and your daughters—can live your healthiest lives. ■



Nearly 1 in 4 women
suffer with anxiety
in a given year.

Women are twice as
likely as men to be
diagnosed with
depression.

Have you ever dealt
with a mental health
issue?

How to Talk About Health with Mom

Maybe yours is the kind of family where conversations about menopause, menstruation and mental health are easily broached. If so, congratulations! If not, that’s OK. Our experts have some tips for how to ask your mom about health.

► Tip 1: Ask when the family is together.

“I always think that the holidays or after big events are over is a great time to have informal talks where you get a little more detail about health risks and family risks,” says JoAnn Pinkerton, MD, executive director of the North American Menopause Society.

If you can find a quiet moment and if it feels appropriate, start a conversation about health. If not, try a phone call after you’ve spent quality time together.

► Tip 2: Blame it on your doctor.

Pinkerton tells her patients to tell their family members that their doctor is requesting the information.

“Explain that your doctor needs these histories to be able to take care of you, and ask gently if they are willing to share the information they have to help you be healthier,” she says.

► Tip 3: Make the conversation about more than just diagnoses. A growing body of research shows that a person who has healthy, intimate relationships and who is living with purpose is more likely to live longer than someone who lacks those things. When you approach your mother or grandmother, ask her what has brought fulfillment in her life.

“Finding out what makes your mother tick, as women, can be powerful stuff,” Pinkerton says. “Find out their greatest source of joy and creativity—find out what lights them up.”

WEBSITE



Put Your Health History to Work

Find more tips for how to ask about health histories—and what to do with the information you collect—at the Centers for Disease Control and Prevention’s website: [cdc.gov/features/familyhealthhistory](https://www.cdc.gov/features/familyhealthhistory).

10 WAYS EVERY WOMAN CAN IMPROVE HER HEALTH

1 Talk to your doctor about your breast cancer risk and the best screening schedule for you.

5 Remember that you don't have to suffer through menopause. Treatments are available, and your doctor can help.



Get at least 150 minutes of moderate-intensity physical activity each week—brisk walking is a great way to do it.



Ease up on the booze. It increases cancer risk.

Know that miscarriages are common and are not a woman's fault.

8

3 Ask your mom about her history of cancer and mental health problems.



Try meditation to relieve pain and anxiety.

9 If you're a caregiver, make sure to ask for help. Take time off if you can.

4 Don't panic about uterine fibroids, which often don't require treatment. But do see a doctor if they bother you.

10 Remind yourself that genetics are not destiny. Your lifestyle choices make a major difference in your health.

➔ **WANT MORE HEALTHY IDEAS?** Check out our Winter issue, all about keeping the whole family healthy.

THIS JUST IN

GOOD-FOR-YOU NEWS, CUES AND REVIEWS



RED MEAT'S LINK TO HEART DISEASE

Doctors understand more about how frequently eating hamburgers and steaks could increase heart attack risk.

Healthy people who ate a lot of red meat had much higher levels of a gut chemical associated with increased risk of heart problems and strokes, according to study results backed by the National Institutes of Health.

The chemical is called trimethylamine N-oxide, or TMAO, and it results in part from nutrients abundant in red meat, which has high saturated fat levels that contribute to heart disease.

Conversely, those who got a large portion of their protein from white meat or vegetables had lower levels of TMAO, the study in the *European Heart Journal* says.

When participants stopped eating red meat, their chemical levels dropped within four weeks.

THIS JUST IN

GOOD-FOR-YOU NEWS, CUES AND REVIEWS

CIGARETTE SMOKING HITS RECORD LOW

U.S. cigarette smoking dropped to an all-time low of 14 percent in 2017.

That's down from 15.5 percent in 2016 and a plummet from 40 percent in 1965 when the federal government began tracking smoking, the Centers for Disease Control and Prevention says.

Still, about 1 in 5 adults used a tobacco product in 2017, including smokeless tobacco and e-cigarettes.

Disparities persist. Tobacco use was highest among people with GEDs (43 percent), those with serious psychological distress (41 percent) and the uninsured (31 percent).

Eliminating smoking would prevent a third of U.S. cancer deaths.



APP



Quit Smoking

Get help anytime with an app that uses your smoking patterns, moods and quitting goals. On smokefree.gov, click "Tools & Tips" and "Smokefree Apps."

COFFEE VS. TEA

Is one caffeinated drink supreme?

Popular research topics, these favorite drinks to start the morning both have benefits. A sampling:

- People who drink more than one cup of black or green tea a day have slower buildup of calcium in arteries, reducing risk of cardiovascular problems.

- Drinking coffee might help people with colon cancer survive the disease.

- Black and green tea's antioxidants fight inflammation, the sometimes-painful swelling response when the body's normal functions are disrupted.

- Coffee drinkers who average three to five cups a day—caffeinated or not—might be less likely to die prematurely from heart and neurological diseases, type 2 diabetes and suicide.

Sounds great, right? There are some cons, and each person can decide whether potential benefits outweigh them.

Both coffee and tea can stain teeth, and caffeine can disrupt sleep if you overdo it or you're more sensitive to the stimulant. Caffeine is also a diuretic, which could flush water through your body more quickly than you like. Also, because coffee and some teas are acidic, they cause upset stomach for some people.

In the end, if one bothers you, cut back or give it up.

The verdict: Coffee and tea are tied. Both typically can be consumed without worry, and your health might benefit.

One caution: Be sparing if you add cream and sugar. A cup that's more dessert than drink will negate positives.



PHOTOS BY GETTY IMAGES

More Adults Get Cancer Protection from HPV Vaccine

The HPV vaccine given to young people is reducing rates of cervical cancer and other diseases. After a recent federally approved expansion, adults ages 27 to 45 can get the same protection against human papillomavirus.

The most common sexually transmitted infection, HPV can also cause genital warts and cancers of the vulva, vagina, penis, anus and throat. The vaccine can prevent 90 percent of related cancers, federal officials say.

While the vaccine does not protect against HPV strains adults were exposed to earlier, it works against remaining strains—there are nine in total—for people who might encounter the virus.



▶ TRUE OR FALSE

Morning sickness is more common with girl babies.

TRUE: But we're not talking about queasiness with an average pregnancy. Various studies have found that women with severe morning sickness called hyperemesis gravidarum in the first trimester are more likely to have girls. (And, of course, "morning sickness" is a misnomer; pregnancy nausea and vomiting can happen any time of day.)

For example, 2,100 women hospitalized in the first trimester with hyperemesis gravidarum were 50 percent more likely to have girls than 9,800 women without the condition, according to a study in *BJOG: An International Journal of Obstetrics and Gynaecology*.

Women hospitalized for three or more days because of severe morning sickness had 80 percent increased odds of having a girl.

STATS: TYPE 2 DIABETES



1 in 10

Number of Americans with diabetes, the vast majority with type 2—more of a risk if you're overweight or inactive

15

Number of pounds a 200-pound person who is prediabetic needs to lose to halve diabetes risk, along with exercising

74%

Portion of people with type 2 diabetes who have high blood pressure

5%

Rate of annual increases in type 2 diagnoses in youths, a warning sign about the need for early healthy habits

Sources: CDC, American Diabetes Association, National Institutes of Health

Peanut Allergy Remedy Shows Promise

A peanut allergy treatment under study addresses a big fear of allergic children and their parents: a life-threatening reaction from accidentally eating peanut traces.

With peanut allergies increasing among U.S. children, the treatment helped two-thirds of allergic kids tolerate about two peanuts a day.

In a clinical trial, children took increasing doses over six months of a new drug made of peanut flour, followed by six months of maintaining small daily intake of peanut protein, according to the study in *The New England Journal of Medicine*. The trial could lead to federal drug approval.

This is not something to try at home. The peanut flour doses were carefully measured, and each child's health was closely monitored. Even then, a portion of children withdrew from the study because of adverse reactions, with many remaining participants needing treatment for less severe problems.



THIS JUST IN

GOOD-FOR-YOU NEWS, CUES AND REVIEWS

Does Parkinson's Start from the Appendix?

The appendix is a small tube attached to the beginning of the large intestine. It has long been considered an odd little organ in the body, one few people ever think about until they get a case of appendicitis.

New research, however, shows this little organ may play a role in Parkinson's disease.

"Parkinson's disease affects between 100 and 200 per 100,000 people over age 40," says Sachin B. Thorat, MD, of WK Neurology Clinic. "A degenerative disorder of the central nervous system, Parkinson's mainly affects the motor system."

Symptoms include shaking, slowness of movement, increased muscle rigidity, shuffling gait and reduced facial expression.

Dr. Thorat says recent studies suggest a possible protective role of appendicitis in the development of Parkinson's disease. "Researchers observed that removal of the appendix decades before Parkinson's disease onset was associated with a lower risk for Parkinson's," he says.

CLASS



Support for Parkinson's

Willis-Knighton offers a monthly support group for people with Parkinson's disease and their friends and family. Go to "Classes & Events" on wkhs.com for information.



First you go really hard, and then you rest—briefly.

WORKOUTS THAT WORK: INTERVAL TRAINING

Interval training means you mix bursts of high-intensity activity with short periods of rest or less intense exercise. Interval-training methods have varied names, such as HIIT (high-intensity interval training), Tabata and fartlek.

The length of the intense parts versus recovery periods varies widely. A workout might consist of 20 seconds "on" and then 10 seconds of rest, for example, or three minutes "on" and an equal period of rest.

Interval training works for a wide variety of exercises, including running, walking, biking, lunges, jumping jacks and pushups.

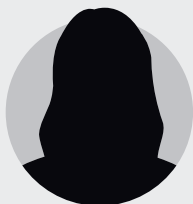
Sprints of maximum effort rev up calorie burn during workouts and for hours after. In short: Your body burns more calories in less time.

PHOTOS BY GETTY IMAGES



WHAT ARE THE ODDS

of having
a stroke?



1 in 5
FOR WOMEN



1 in 6
FOR MEN

Working on blood pressure, weight and exercise habits gives you some control over risk factors for stroke—when a blood vessel to the brain is blocked or bursts, possibly damaging brain cells cut off from oxygen. Quitting smoking and treating irregular heartbeat and diabetes also help.

STUDY: Probiotic Didn't Help Preschoolers Fight Stomach Bugs

Children younger than 4 with stomach bugs did not recover faster with probiotics, which are good-for-you bacteria like those found in yogurt, new research found.

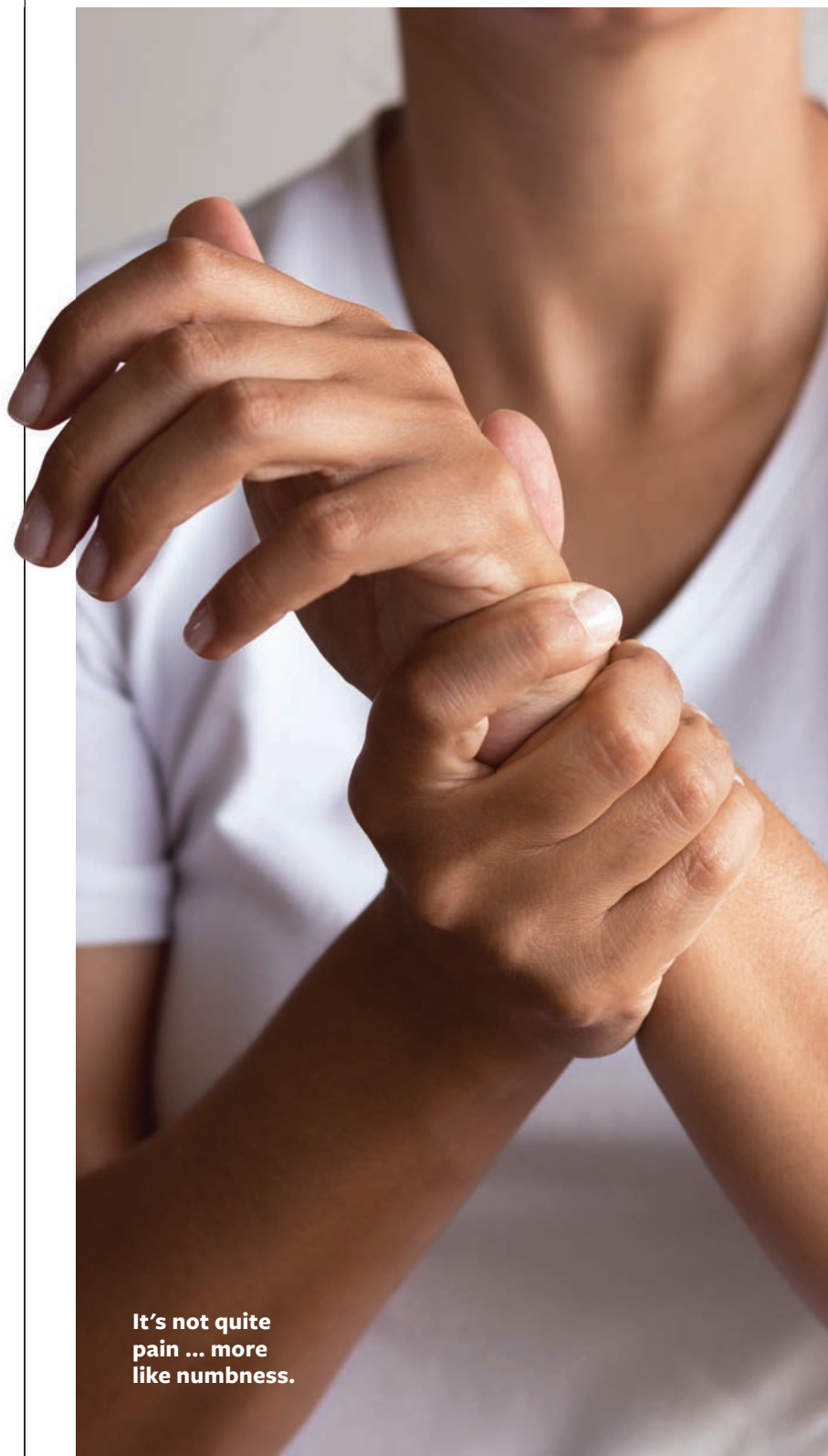
Among 943 children who completed the trial after seeking treatment for gastroenteritis in an emergency department, the ones prescribed five days of a probiotic did not get over diarrhea any faster than children who didn't take the supplement, the study in *The New England Journal of Medicine* says.

Still, most of the thousands of studies published on probiotics show them as effective in treating diarrhea, and scientists continue to examine which strains work best.



JARGON WATCH

NSAID: Nonsteroidal anti-inflammatory drugs, including prescriptions and over-the-counter aspirin and ibuprofen, block body chemicals that cause inflammation. The medicines used for arthritis, back pain and toothaches ease muscle soreness, reduce swelling, lower fevers and prevent blood clots.



**It's not quite
pain ... more
like numbness.**

THE TRUTH ABOUT **CARPAL TUNNEL SYNDROME**

*Taking action early is your
best defense against this often
misunderstood wrist condition*



If you've ever rubbed your sore wrist after a day of typing, you might have wondered whether it could be carpal tunnel syndrome. Most of us think we know what that is, but in reality, the condition is frequently confused with other ailments.

Here's a quick definition to get us on the right track: Carpal tunnel syndrome (CTS) occurs when the median nerve—which runs from the forearm to the palm of the hand—gets pinched or squeezed at the wrist. CTS affects around 3 percent of adults and becomes more prevalent (and more severe) as we age, and women are three times as likely to be diagnosed with it.

"Middle-aged females are the most common population to be diagnosed with carpal tunnel syndrome, typically between the ages of 35 and 50," says Taizoon Baxamusa, MD, a spokesman for the American Academy of Orthopaedic Surgeons.

And because CTS tends to worsen over time, understanding what it is can help you get an accurate diagnosis and treatment early on—and lead to a better outcome.

PHOTO BY GETTY IMAGES

TRUE OR FALSE:

If you're experiencing pain in your wrist or hand, it's probably carpal tunnel syndrome.

→ **FALSE.** "That's one of the biggest misconceptions about carpal tunnel syndrome," Baxamusa says. Rather than pain, "the hallmarks are numbness and tingling—especially at night."

In fact, painful conditions that occur in the hand, such as trigger thumb and arthritis, are commonly confused with CTS. So is de Quervain's tenosynovitis, a type of tendinitis of the wrist that's common in pregnant women and mothers of newborns, Baxamusa says.

An electromyogram (EMG) test with a nerve conduction study can confirm CTS. The EMG measures the electrical activity in the muscles, and the nerve study helps providers spot any damage and assess its severity.

TRUE OR FALSE:

Working on a keyboard all day causes carpal tunnel syndrome.

→ **FALSE.** While CTS is commonly linked with computer work, a combination of factors can cause it, including heredity or an underlying medical condition like diabetes, rheumatoid arthritis or thyroid imbalance. Awkward or improper posture and activities on the job can also play a role (hence the keyboard connection).

"But it's not that working on a computer all day causes it," Baxamusa says. "Poor ergonomics is the cause."

According to the National Institutes of Health, assembly-line workers are actually at greater risk for CTS: They're three times more likely to develop it than someone who performs data entry.

SLOW THE PROGRESSION OF CTS

Research shows more than 3 million cases of carpal tunnel syndrome occur in the U.S. each year. You may not know what brought it on, but if you have numbness, tingling or weakness in your hand, early detection is key for treatment.

"Don't wait until symptoms worsen," says Karen Brooks, occupational therapist with Willis-Knighton Health System. "Your doctor may be able to provide steroid injections or refer you to an occupational therapist or certified hand therapist." Wrist splints, nerve exercises and posture modifications are all ways of treating CTS.

Carpal tunnel may be caused by many factors and is not always preventable, but various treatment options can provide relief. The disorder is reversible and surgery is not always necessary, Brooks says. But over time, nerve damage may occur if treatment is not sought out.

WEBSITE



Help for CTS

The Willis-Knighton Physical Medicine & Rehabilitation Institute has experienced occupational therapists. Visit wkhs.com/physical-medicine-and-rehabilitation to learn more.

TRUE OR FALSE:

Recovery from CTS surgery can take a while.

→ **TRUE.** Surgery typically involves cutting a ligament that forms the "roof" of the carpal tunnel to reduce pressure on the median nerve. Known as carpal tunnel release, it can have a high success rate—up to 90 percent—but recovery takes time. The tingling usually goes away within weeks after surgery. In severe cases, where the nerve has been under pressure for a long time, it can take a while for the nerve to regenerate, and thus the numbness can take much longer to go away. The rate of nerve regeneration generally occurs at a millimeter a day or an inch per month, Baxamusa says.

"So, if you consider that the carpal tunnel is compressed at the wrist and you measure from there to the tip of the middle finger, it's about 6 inches, which means it's roughly six months for that nerve to regenerate."

TRUE OR FALSE:

CTS can be reversible.

→ **TRUE.** With early diagnosis and proper treatment, the damage can be reversible—to a point. With severe CTS, where the muscle around the base of the thumb is starting to become disconnected from the nerve, it may be irreversible. But surgery can still make sense to halt the progression, Baxamusa says.

"Beyond numbness and tingling, there's also a muscular component. The motor branch of the median nerve [the CT nerve] controls the thumb, which gives us opposable thumbs," he says. "If left untreated, that could be lost in severe cases, so it's important to seek a diagnosis and treatment early." ■

HOW TO FLY WITH A BABY

Keep yourself and your little one tear-free with this expert advice



Flying with a baby—the mere phrase can evoke hives in the most patient of parents. The stressful scenarios are almost too many to count: What if my baby is the baby who screams throughout the flight? What if the other passengers aren't understanding? How will we keep our kid entertained when the “fasten seat belt” sign seems destined to stay on forever? And, oh my goodness, all those germs.

There is no reason to panic. We talked with Shelly Vaziri Flais, MD, a spokeswoman for the American Academy of Pediatrics—and a mom of four—who shared her best tips for flying with children younger than 2. The keys, she says, are to be prepared and to recognize that everything takes longer with a child, travel included.



Oh good, she's asleep—for now.

PHOTO BY GETTY IMAGES

TIP 1: Give yourself time.

“Life with infants and toddlers is mostly that you have to prepare for the unexpected—whether it’s spit-up or a blown-out diaper or just all those little things that come up with young children,” Flais says. “You have to allow more time than you think you’re going to need.”

That includes time at the airport to navigate security, but it also includes travel time to the airport itself. Allowing an extra 30 minutes or an hour to account for traffic and security might seem excessive, but it will go a long way to preserving your peace of mind—and to keeping your baby calm, too, Flais says.

TIP 2: Use your baby gear to your advantage.

Most airlines allow children 2 and younger to fly for free as a “lap baby.” That means they don’t have a designated seat of their own, and that you are potentially seated between two strangers holding a squirming toddler. If possible, the American Academy of Pediatrics recommends paying for another seat so children have a space of their own to sit, in a car seat.

It’s safer, too; if there’s turbulence or a rough landing, a car seat can protect your child. The Federal Aviation Administration’s website, faa.gov/travelers/fly_children, has information about children’s safety seats that are approved for flying.

Also, strollers can be checked at the gate—and don’t count toward your bag limit for most airlines—so consider bringing yours to the airport to make getting around easier in the terminal and at your destination.

Infant Travel Challenges

Getting to and from the airport with infants and toddlers can present its own set of challenges. For instance, even though you are fully prepared to fly, don’t neglect safety on the road. “Infants and toddlers should ride in a rear-facing car seat until they reach the maximum weight or height allowed by the car seat manufacturer,” cautions Virginia Carter, MD, a pediatrician with Willis-Knighton Physician Network.

Dr. Carter emphasizes the need for enough travel time to accommodate the little one. “Allow for breaks every two to three hours for feeding and diaper changes,” she says.

Reduce stress by making the trip as fun as possible. She says packing age-appropriate toys and snacks and planning travel games can be helpful.

When traveling by land or air, staying focused is essential. “Be aware of any distraction, especially cellphones, while driving,” she says.

TIP 3: Prep, prep, prep.

Airports can be overwhelming for everyone, but especially for children experiencing them for the first time, Flais says. Talk to your child about what they can expect at airport security, when boarding the plane, during takeoff and landing and in flight. Even children as young as 1 can understand basic explanations, she says—things like “we’ll show our tickets,” and “we’ll put our bags on a conveyor belt.”

And prepare for as many possible scenarios as you can. That means extra diapers, extra clothes, extra snacks and extra toys.

TIP 4: Avoid germs and check on vaccinations.

“Wash your hands frequently, bring tons of extra hand sanitizer and wipes—especially for a toddler, who is going to be getting into more things,” Flais says. “And bring extra medication if your child needs it.”

Depending on travel plans, some vaccines can be given earlier than recommended—six-week vaccines, for example, can be given at a baby’s 1-month birthday with a doctor’s permission.

WEBSITE



Stay Well While Traveling

What if somebody gets sick while you’re traveling? No one wants that to happen, but you can learn about what to watch for at wkhs.com/vim/safe-travels.

Talk with your pediatrician as soon as you start planning the trip so he or she can help you figure out what steps to take.

TIP 5: Protect against popping ears.

Popping ears on takeoff and landing are annoying for adults but can be terrifying and painful for infants and young children. If your child is nursing or taking a bottle, try to feed during takeoff and landing—swallowing will help clear the pressure, and feeding could also provide comfort.

If your child is no longer nursing, a water bottle or snacks could help alleviate ear pain. ■

FREAK OUT OR CHILL OUT?

Breathing problems can be scary. Here are some clues that can help you figure out what might be going on



Breathing usually comes naturally. But those times when it doesn't—when you're gasping for breath or coughing uncontrollably—can be cause for panic. Juanita Mora, MD, a national volunteer medical spokeswoman for the American Lung Association, helped us determine when to breathe easy and when to proceed with caution.

Q Your grade schooler likes to run and play sports as much as the next kid, but every time he does—without fail—he complains that his chest is tight and he coughs a lot. Is it exercise-induced asthma or seasonal allergies?

Exercise-induced asthma.

"If it's happening regardless of the season, that would be a sign it might be asthma—either full or exercise-induced," Mora says. With exercise-induced asthma, the small airways in the lungs narrow during strenuous exercise. Symptoms begin during exercise and include coughing, wheezing, shortness of breath and chest tightness or pain.

Seasonal allergies can mimic exercise-induced asthma, especially if kids are exercising in spring or fall, such as running cross-country or playing baseball. Kids who are suffering from seasonal allergies, though, typically have a family history of allergies and might have other symptoms such as eczema, runny nose and post-nasal drip.



PHOTO BY GETTY IMAGES

Q You're a little concerned about the wheezing noise you make when you breathe, and your office mates are grossed out by the hacking cough you've had for the past week. But you're too fatigued to care much. Is it bronchitis or emphysema?

Bronchitis.

Bronchitis, which is an inflammation of the lining of the tubes that carry air to and from your lungs, lasts for a short time—10 to 14 days. If it's the first episode of coughing and you're not experiencing a recurring cough every few months, it's probably not a chronic problem. Factors to pay attention to include the duration of the cough and whether there is any history of smoking, which can lead to emphysema, a condition that occurs when the air sacs in the lungs are damaged.

Q You're finally rebounding from the cold you've had trouble shaking when all of a sudden you can't catch your breath and spike a fever. Is it pneumonia or possibly lung cancer?

Let your doctor decide.

Doctors can often hear signs of pneumonia by listening to a patient's lungs, where mucus and bacteria consolidate in bronchial tubes. A chest X-ray also would help diagnose pneumonia, an infection that causes lung inflammation.

"If there's a strong history of smoking or secondhand smoke exposure, then it might merit a CT scan of the chest, which is one of the big campaigns of the American Lung Association—'Saved by the Scan,'" Mora says. The campaign is intended to catch lung cancer in the early stages, so it can be effectively treated. Lung cancer is typically detected very late, causing survival rates to be low. Some of the early symptoms include a cough that does not go away or gets worse; shortness of breath; and chest pain that is often worse with deep breathing, coughing or laughing, though these are also symptoms of several benign conditions.

Q On vacation, your family goes for a hike in the mountains. As you reach an elevation of 8,000 feet, you feel short of breath and dizzy. Is it altitude sickness or are you having a panic attack?

Altitude sickness.

"With panic attacks, it's usually repeated, not just at a level of altitude," Mora says. Also, panic attacks last between 10 and 30 minutes, and breathing exercises tend to help.

With mild altitude sickness, symptoms should resolve upon descent and headache can typically be managed with an over-the-counter pain reliever. For severe altitude sickness, interventions such as breathing treatments or medications are needed to keep oxygen levels up.

Q You go for a jog on a crisp fall day, but for a few days afterward, you're congested, wheezing and your eyes are watering. Is it allergies or a cold?

Allergies.

Allergies cause symptoms such as runny nose, sneezing, watery eyes and feeling as if your ears are full of fluid. Typically, using an antihistamine can alleviate the discomfort. A cold causes more full-body symptoms, including body aches, low energy level and chills, and it's not relieved by antihistamines.

Colds also tend to resolve themselves in a week or two, whereas allergies persist as long as you're exposed to the allergen; for some people, the congestion lasts all fall. ■

TOOL



Understand Your Sniffles

The American Academy of Allergy, Asthma & Immunology offers an online tool to help learn about your symptoms. Visit aaaai.org/conditions-and-treatments/virtual-allergist.

THE GERMIEST STUFF YOU OWN

How worried should we be about the germs in our environment—and what can we do about them?

Every so often there's a news story that reveals the "shocking details" about the germs living on our stuff. But how worried should we really be about germs like bacteria and the risks they may pose? James A. Ellzy, MD, a family physician and spokesman for the American Academy of Family Physicians, puts things in perspective.

"We need to remember that all bacteria are not bad. There are bacteria on our skin that help boost our immunity and in our gut that help us digest food," he says. "A germ-free world doesn't make sense. We just want to keep a healthy balance."

Of course, too much bacteria can be unhealthy and cause infections like strep throat and pneumonia.

Viruses are another type of germ we need to be vigilant about, especially as flu season bears down. Protect yourself with frequent hand-washing (and using a hand sanitizer with at least 60 percent alcohol when you can't find soap and water), sneezing into your elbow versus your hand, swapping out your cleaning sponges frequently (even the antimicrobial ones!) and getting a flu shot.

"While there's something to be said for not living in a bubble and cleaning all the time, we need to do what we can to decrease the amount of germs that we're passing from one person to another," Ellzy says.

With that in mind, here's a look at some of the germiest stuff we own—think of it as a sensible reminder and not an emergency alert.



IN YOUR KITCHEN

It's actually germier than your bathroom, according to research. The germiest items and surfaces include:

- Sinks
- Countertops
- Cutting boards
- Dishrags and sponges
- Coffee maker reservoirs
- **Towels:** One study found about 49 percent of kitchen towels used for a month contained bacteria normally found in or on humans—including *E. coli* and staph



PHOTOS BY GETTY IMAGES



IN YOUR BATHROOM

Your bathroom isn't off the hook. Don't forget to clean and wash:

- Towels
- Faucet handles
- **Your toothbrush holder:** 27 percent were found to contain coliform, a bacteria family that includes salmonella and E. coli and indicates possible fecal contamination



OTHER HIGH-CONTACT ITEMS

Keep an eye—and some disinfectant—on these spots:

- Remote controls and game controllers
- Pet toys and bowls
- **Your phone:** In case you hadn't heard, it has 10 times more bacteria than a toilet seat



TOOL



Check Your Symptoms

Think you might be coming down with something? Check out a helpful cold and flu symptom checker at familydoctor.org/symptom/cold-and-flu.

THREE WAYS TO COOK MUSHROOMS

Earthy and elegant, fungi are praised by chefs for their ability to glam up any meal and by dietitians for their distinctive mix of nutrients



Don't let those neutral tones fool you: Though they might not have the vibrant color of, say, beets or carrots, mushrooms are certainly rich in nutrients. They have just 15 calories per cup and contain many vitamins, minerals and anti-inflammatory chemicals.

"Mushrooms have been found to be part of a diet that helps prevent cancer, heart disease and diabetes, because inflammation is the chronic thread between these illnesses," says Sonya Angelone, MS, RDN, a spokeswoman for the Academy of Nutrition and Dietetics.

Mushrooms contain the mineral selenium, which helps improve immune response, as well as choline, a B-vitamin-like substance that helps prevent disease by protecting cell membranes. Another interesting nutrient is a specific type of fiber called beta glucan, which is also found in oats and barley.

"Beta glucan can help our health by lowering cholesterol and blood pressure, and it's not found in a lot of foods," Angelone says. Given their unique flavor profile, "mushrooms can make us feel like we've had something special and not just another whatever tossed on the stove."

Try these three ways to prepare them.

1

MIX THEM WITH MEAT

Make your favorite ground beef recipe—think burgers or taco filling—but trade half the meat for coarsely chopped mushrooms. Basic white buttons work well, and roasting them first to enhance the flavor is optional. "This is ideal for anyone trying to decrease their saturated fat intake," Angelone says.

2

ROAST THEM

Toss mushrooms, garlic cloves and fresh herbs in olive oil. Roast them in a 400-degree oven for about 30 minutes, stirring occasionally. This preparation is a great way to spotlight more unusual mushroom varieties such as chanterelles or oysters.

3

USE THEM AS A CRUST FOR TOFU

Put dried porcini mushrooms in the blender and pulse until you end up with a chunky powder. You can also include herbs or breadcrumbs as additional seasoning. Dredge slices of tofu in the mixture and cook them in olive oil over medium heat until golden, flipping once.



PHOTO BY GETTY IMAGES



You can always count on mushrooms to add flavor and depth.

BEYOND THE BUTTON

Here are some mushrooms to know about:

- **Chanterelle** These beloved, trumpet-shaped wild mushrooms have a vibrant golden color. Their strong, rich flavor pairs well with onions and hearty stews made with chicken, beef or pork.
- **Crimini** These popular mushrooms are dark brown and have a mild flavor; a **portobello** is a larger, sturdier crimini.
- **Maitake** Also called hen of the woods, these ruffled specimens can grow to the size of a cauliflower.
- **Oyster** Fun fact about these ridged, pleasant-tasting mushrooms: They can be yellow, pink or blue.
- **Porcini** A star ingredient of Italian cuisine, the porcini mushroom (also called cèpes) has a distinctive flavor that's almost meaty.
- **Shiitake** These brownish-black Japanese mushrooms resemble umbrellas and have a smoky taste.

APP



Dinner Decisions Made Easy

Plagued with indecision about what to cook? For instant inspiration, download the **Allrecipes Dinner Spinner**, available on Apple's app store or Google Play. Choose up to three categories: dish type, main ingredient and preparation time. Give your phone a shake, and the app will suggest matches from its 50,000-recipe database.

WOMEN AND HEART DISEASE



90%

of women have at least one risk factor for heart disease.

72

is the average age when women have a first heart attack. That's more than six years later than men.



4 in 5

women don't recognize that heart disease is the greatest threat to their health.

<30%

of patients in clinical trials for heart failure and coronary disease are women; that means heart disease in women is less understood.



ALMOST 2/3

of women who die suddenly of coronary heart disease did not have previous symptoms.

44 million

women in the U.S. are affected by cardiovascular disease.

Sources: American Heart Association, Centers for Disease Control and Prevention, NYU Langone Health

3 Things Women Need to Know About Heart Disease

1. Pay attention to your body. You may not have the dramatic pain in the left side of the chest that you see on television.

2. Don't be shy about talking to your doctor about all your health concerns and symptoms, especially if you have a family history of heart disease.

3. Know where to go for heart care. Your doctor should be your first choice. And if you need diagnostic care, Willis-Knighton should be your second.

Why select Willis-Knighton for heart care? Joseph Fredi, MD, a cardiologist with Willis-Knighton Cardiology, says that before moving to Shreveport from Vanderbilt

University Medical Center in Nashville, Tenn., he carefully considered the technology at Willis-Knighton. "I have a very favorable impression," he says. "The cath lab technology is state-of-the-art and the people here are very competent, knowing how to use it."

Dr. Fredi also cites the hybrid operating room where cardiologists and surgeons collaborate on structural cases like TAVR (transaortic valve replacement) and mitral valve cases. With this type of technology, there are few reasons a person would have to leave town to receive advanced heart care.

APP



Learn to Love Your Heart

Women can evaluate their risk for heart disease and build a plan for a heart-healthy lifestyle with the **Love My Heart for Women** app. You can download it from Apple's app store or Google Play.

A photograph of a family of three in a living room. A man with a beard and a woman are sitting on a light-colored sofa, both smiling and looking at a young girl. The girl is sitting on a small, round, perforated wooden stool, leaning towards the woman and laughing. She is wearing a colorful striped shirt and jeans. The man is wearing a dark blue button-down shirt and jeans. The woman is wearing a pink shirt and jeans. The background shows a lamp and some books on a table.

Feels Like Family

NICU provides loving care for premature and seriously ill newborns and their families

BY **DARRELL REBOUCHE**

Jared and Carrie Osborne share giggles with daughter Millie in their Shreveport, Louisiana, home.

Light and life beam from 4-year-old Millie Osborne. She's a delightful burst of energy who seemingly never meets a stranger. Sometimes her parents, Jared and Carrie, simply step back and watch her go, usually with a sense of wonder and overwhelming gratitude.

Carrie had been pregnant for just 28 weeks when Millie unexpectedly arrived weighing 1 pound, 14 ounces. For the first 86 days of her life, Millie lived in the neonatal intensive care unit (NICU) at Willis-Knighton South & the Center for Women's Health. "There's such kindness that takes place there," Jared says.

Willis-Knighton's NICU, a Level III/ surgical unit, treats more than 600 premature and seriously ill newborns annually, but the number of people who receive care there is many times that. "When you have a family with a baby in the NICU, you have to understand that not only do you take care of the patient, you also take care of and treat the family," says Gerald B. Whitton, MD, medical director for the NICU. "Our primary goal is to take care of the baby. Our secondary goal is to care for the family. When we're able to link those, the overall outcome for the baby and family improves."

All-Encompassing Care

When Millie was born in 2015, the Osbornes immediately experienced this all-encompassing care. "They were so gentle with me," Carrie says. "They would make us laugh and check on us and take care of us. They couldn't wait to share things that were great."

Carrie's eyes sparkle as she tells a story of Dr. Whitton dressing up in a costume to play with Millie's older brother Judah. She recounts endless acts of kindness and concern from the NICU staff. "There are so many who rotated in and out, as you can imagine, over 86 days," she says, "but all of them feel like family."



When she was born in May 2015, Millie Osborne weighed just 1 pound, 14 ounces (left), and spent her first 86 days of life in the NICU at Willis-Knighton South & the Center for Women's Health. Now, at 4 years old, (above) she is a healthy bundle of energy.

Dr. Whitton and the other physicians in the NICU are neonatologists, specially trained pediatricians whose sole focus is caring for premature or ill infants with complex health conditions. Along with six neonatal nurse practitioners and a dedicated, long-tenured staff, providers care for patients and families 24 hours a day, seven days a week.

"The parents can't be here 24/7, so knowing that nurse, having a relationship with that nurse makes it a lot easier for them to go home and get a good night's sleep," says Kim Dean, nurse manager at the NICU. In her more than 21 years there, she has embraced the whole-family philosophy of care. "I want to get to know the families,"

she says. "You get a connection, a bond with the families."

"It's a ministry and a calling," says Tricia Pennywell, who has been a neonatal nurse for more than 40 years. "It means so much to the parents to bond with their baby."

This essential bonding experience is enhanced by the design of Willis-Knighton's NICU, which was the first in the region to offer individual rooms instead of a traditional wardlike setting. This creates a calming environment with individualized lighting and reduced noise levels, which helps each infant meet personal developmental goals. "It's a tremendous advancement in developmental care," Dr. Whitton says. It also

gives families much-needed privacy, which Dr. Whitton says makes the overall mother-patient-family experience much better.

"It's just a good feeling, knowing you're doing everything you can to give a parent a healthy child to take home," says Debbie Hermes, who has been a NICU nurse for 17 years. "It feels like you're doing God's work."

Having a Big Impact

A ministry, a calling, God's work: These are the kinds of phrases heard time and again as healthcare workers in the NICU discuss what they do. "I love it. I can't imagine being anyplace else," Dean says.

"There's something about holding a baby in your hand and getting them through so they can go home," Hermes says. "It's very rewarding."

"Parents come in here and have had these babies early or their baby is sick and their whole world is turned upside down. They're devastated," Pennywell says. "It's different from any other type of nursing. You want to have a big impact on these families and provide a good outcome for them."

Jared noticed right away there's something different with the NICU staff. "There's a peace about them, a sense of security that comes when they do what they do. It's not new to them, and yet every life is so special. They took care of us the whole time we were there."

"When your baby is in the NICU, you don't always feel like a mama, because they're taking care of your baby," Carrie says. "But they always went out of their way to make sure I felt like a mama."

"It's a very hard thing for mommies," Hermes says. "They entrust the care of their child to us. They learn who they can trust. We love their babies."

For 86 days, the Osborne family formed those bonds. "I loved going there," Carrie says, "not just because I wanted to see my baby girl, but because of the people. I was so excited to bring Millie home, but at the same time there was this part of me that

was sad because I was going to miss the friends we made and who we love."

The Osbornes' feelings are hardly exceptional. People who have dedicated their careers to the NICU routinely cross paths with parents and former patients in the community. NICU families also come back to the hospital just to say hello. "I love seeing them come back and bring their babies just so we can see how they're doing," Pennywell says. Hermes agrees: "Even after all these years, there are still families I communicate with. They're just so appreciative of what we do, and it's something they never forget."

"Being able to see them grow, even after they're discharged, is extremely rewarding," Dean says. They drop in after follow-up appointments, send birthday cards and Christmas cards, and connect with the staff on social media.

Grieving the Losses

Heartbreaking outcomes also occur in the NICU. When they do, the staff is remarkably compassionate. Part of family-centered care entails grieving the losses along with the families.

Jared witnessed this several times while his daughter was hospitalized. "You know going in it's not always a

joyful outcome, and watching their day is never easy." He noticed the staff experiences an unusual kind of work-related stress. "It's the stress of life," he says.

"We still visit them," Carrie says. "We like to go and encourage them. We know their days can be hard."

"My satisfaction comes from seeing a mother who from the beginning was scared, terrified, walk out the door with her baby and a big smile on her face," Dr. Whitton says.

Then, in a few months (or a few years), someone like Millie Osborne comes back through the door, lighting up the room like a sunbeam, reminding everyone why the NICU is such a special, life-affirming place. ■

WEBSITE



Life-Affirming Care

The neonatal intensive care unit at Willis-Knighton South & the Center for Women's Health cares for premature and seriously ill babies. To learn more about the unit, go to wkhs.com/nicu.

Gerald B. Whitton, MD, is the medical director of the NICU at Willis-Knighton South & the Center for Women's Health, as well as the health system's chief of staff.





A WISE CHOICE

Know the factors to consider when deciding on a retirement or senior living community

BY **TERRIE M. ROBERTS**

Shortly after the passing of her husband, Bob, last year, Betty Mayo knew she needed a change. It was time to move from the family home, give up all the responsibility for its upkeep, and begin life anew.

She wanted to be around people her age, to build relationships with new friends in an environment that helped her maintain her well-being longer. For the most part, she wanted amenities and services that made her life easier, but as someone who was still independent,

she wanted a lifestyle indistinguishable from what she experienced before she moved.

Mayo chose The Oaks of Louisiana, Shreveport's premier retirement community operated by Willis-Knighton Health System. "I am quite pleased and very happy," she says.

Choosing a retirement or senior living community can be one of the biggest decisions made in a lifetime. Therefore, the decision should be well planned and well thought out, says Lisa Naquin, Oaks leasing specialist.

"It isn't easy for someone to decide to move from a home they might have lived in for decades to a retirement community," Naquin says. "In fact, many say they aren't ready to make that decision despite the challenges maintaining their home at their age poses. Yet almost all who move here say they wish they'd moved sooner."

Residents seek retirement communities for a variety of reasons. Most are tired of home upkeep and want freedom from household chores. They want more social interaction and the safety and security a retirement community provides.

Facing page: The Oaks of Louisiana leasing specialist Lisa Naquin discusses amenities at Tower at The Oaks with Betty Mayo.

“It’s important to know choosing a retirement community involves more than simply choosing a floor plan,” Naquin says. “Do your homework and make an informed decision. Retirement communities are not one-size-fits-all and vary in which services are offered and the level of care available.”

Most senior adults who move to The Oaks are primarily concerned with amenities and lifestyle. They want to continue living full, active lives without the worry and headaches of home maintenance. They want an environment that supports and enhances their independence and quality of life. That The Oaks has assisting living and skilled nursing living options offering different levels of care as their needs change provides them peace of mind.

“There are several factors that are crucial when choosing a community,” Naquin points out.

Lifestyle

Consider the type of lifestyle you want. Active? Relaxed?

The Oaks of Louisiana is purposefully designed with a focus on total wellness. Programs nourish the components critical to good health: physical, social, emotional, intellectual, spiritual, vocational and environmental.

“We offer a lifestyle with a variety of ways to stay connected to others and engaged in life,” Naquin says. “Social isolation and loneliness are risks for those who choose to age in place and stay in their homes.”

At The Oaks, residents enjoy lifelong learning opportunities, health and wellness programs, fitness classes, spiritual programs and Bible studies, cultural programs, socials, book reviews and off-campus trips, among others.

Residents can choose to be as active and involved as they want to be, she says.

Amenities

What does a community offer to help you live the life you want to lead? Amenities and services distinguish great communities from adequate ones, Naquin says. “Not all have a spa and wellness center with indoor pool, gardens, theater, ballroom, art studio, library, billiard room, salon, pub and concierge like we have at The Oaks.”

When visiting retirement communities, ask about dining venues, housekeeping and linen services, security, salons, scheduled transportation, activities, fitness centers, maintenance, emergency protocols, and assisted living and skilled nursing services.

Pets

Pet policies vary at retirement communities, Naquin says. Not every prospective resident owns a dog or cat, so this might not be an issue. For those who do, pet policies can be the determining factor in someone moving to a pet-friendly community like The Oaks or going elsewhere.

Family Focus

Moving to a retirement community means downsizing, which equates to less room for visiting family. If you love to have grandkids visit or have overnight visits from out-of-town family and guests, make sure the community you

WEBSITE



Schedule a Tour

Moving to The Oaks of Louisiana while you can still enjoy living independently lets you take charge of the decision and make a move on your terms. Visit oaksofla.com or call **318-212-6257** for information or to schedule a tour.

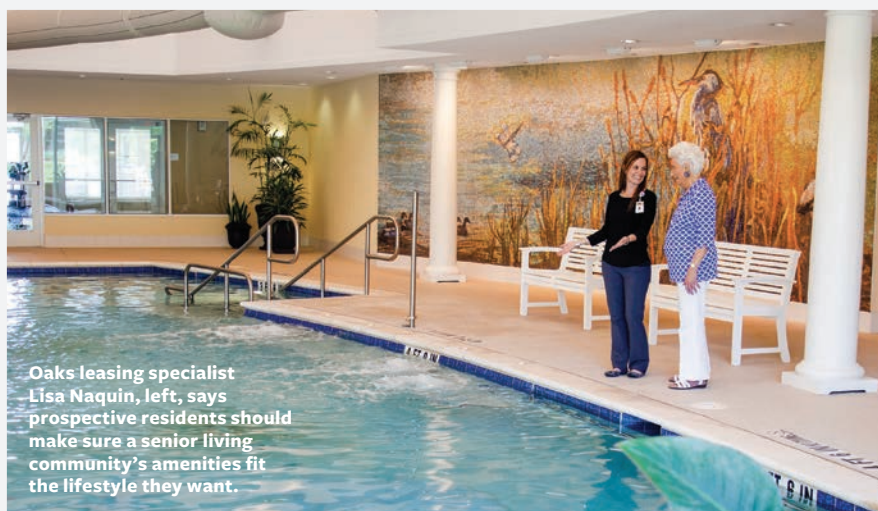
choose welcomes them and if so, know what restrictions there might be. The Oaks of Louisiana offers accommodations on campus for residents’ guests. Each guest apartment is fully furnished, complete with kitchen, living area and cable television.

Happiness

While all the above are significant and valid factors when considering a retirement community, it’s crucial to remember the most important one, according to Naquin: your happiness. “Prospective residents should ask themselves, is this a place where I will be happy to live?”

As Audrey Hepburn once said: “The most important thing is to enjoy your life—to be happy. It’s all that matters.”

And Oaks resident Betty Mayo is. ■



Oaks leasing specialist Lisa Naquin, left, says prospective residents should make sure a senior living community’s amenities fit the lifestyle they want.

TECHNOLOGY AND TEAMWORK

Willis-Knighton shows commitment to innovation and staff competence

BY **MARILYN JOINER**



After more than 24 years in radiology at Willis-Knighton, Tait Salter, clinical director of that department, has seen dramatic changes.

The transition to digital imaging well over a decade ago is just one example of the health system's focus on innovative technology. The Centers for Medicare & Medicaid Services (CMS) now requires digital imaging, but Willis-Knighton adopted it early, and that's a source of pride for Salter.

High-quality digital images produced by his department are essential to the diagnostic process. The conversion from X-ray to digital imaging has offered Willis-Knighton radiologists more detail, helping them be more accurate in their interpretation.

"We're obviously cutting-edge when it comes to technology," Salter says, explaining that it improves doctors' ability to make diagnoses.

Salter is also proud of Willis-Knighton's focus on updating equipment. While it's not uncommon for some organizations to use equipment well beyond its life expectancy, Salter indicates that Willis-Knighton's approach is proactive.

"We are constantly looking for new, innovative equipment to meet our doctors' needs," Salter says.

For instance, this year, mammography equipment has been updated at the Willis-Knighton Breast Centers, including the latest HD clarity with Quantra measurement of breast density and curved paddles to make the experience more comfortable.

Radiology's nuclear medicine capabilities have been expanded with a SPECT/CT system that captures and fuses a CT scan with a nuclear medicine image for a more definitive diagnosis. Donnie Aultman, MD, advocated for this equipment. He is part of the John C. McDonald Regional Transplant Center and the Advanced Surgery Center at Willis-Knighton Medical Center and is an acknowledged expert in thyroid and parathyroid surgery.

"While hyperparathyroidism is a fairly common problem, I think it's often underdiagnosed," Dr. Aultman says. Most textbooks show the four parathyroid glands in the same place—in the neck. But he says that's not the case for about 15 percent of the population.

Tait Salter says Willis-Knighton is constantly looking for new, innovative equipment to meet doctors' needs.



Nuclear scans have long been the standard in diagnosing parathyroid overactivity. But if a gland is in a different place, such as inside the carotid sheath or behind the esophagus, it's more difficult to identify. The SPECT/CT system allows doctors to find those difficult ones, resulting in less exploring and more precision.

"Accuracy shortens the surgery time, allowing us to do more localized, minimally invasive surgery through smaller incisions, offering shorter operating room times and less time for a patient to be under anesthesia," Dr. Aultman explains.

Local decisions about technology are a big benefit at Willis-Knighton. "That's why it's much easier to get new and evolving technologies here," Dr. Aultman says. "Our CEO [Jim Elrod] is very open to new technology, assuring that the patients we take care of have the best opportunity for us to diagnose their problem."

Dr. Aultman had one visit with Elrod about the technology's benefits and the fact that it could help patients avoid travel to outlying locations, and the equipment was ordered.

Local decision-making has also yielded big results for patients at the WK Proton Therapy Center. "Few places in the world have some of the equipment we have," says Michael Durci, MD, a radiation oncologist at the Willis-Knighton Cancer Center. "Over the years, we've had a number of techniques and devices that are fairly unique—originally five years ago with tomotherapy, and now the Proteus[®]ONE scanning beam proton in a single vault unit."

Dr. Durci cites proton therapy's principal benefit as better treatment with fewer side effects, delivering therapeutic doses with less toxicity to normal tissue.

Uniquely Trained Staff

While some centers tout state-of-the-art equipment, Dr. Durci says the Willis-Knighton Cancer Center really has it. Equally important are uniquely trained staff.

"Technology is only as good as the people who operate it. Delivery of radiation therapy is not at all an assembly line

"Few places in the world have some of the equipment we have," says radiation oncologist Michael Durci, MD, who is consulting with dosimetrist Megan Rodriquez.



kind of process," Dr. Durci explains. "Our patients may never meet all of the players who make it work, but each person's talent and input is essential to the custom plan."

Staff members include:

- **Physicists:** A cadre of trained medical physicists provides support, checking, calibrating and making sure the process is functioning the way it should. Willis-Knighton is home to one of the largest medical physics residency programs in the country.
- **Dosimetrists:** They develop the plans directed by the physicians, creating the scheme for how to bring in beams—front, backward, sideways. Dr. Durci says this process takes "imagination, artistic skill and a lot of computing power."
- **Therapists:** These radiology staffers have direct contact with the patients, operating the machines that deliver the customized therapy plans.

Whether at the cancer center or in imaging centers throughout the Willis-Knighton Health System, staff competence is a primary consideration. "We are always pushing staff to achieve additional education and certifications in their areas of excellence," Salter says. Whether staff or physicians, Dr. Durci describes them as "people dedicated to refining their practice and staying state of the art."

The technology and the team—the reasons Willis-Knighton is the right choice for imaging services. ■

ACCREDITATION MAKES A DIFFERENCE

One way Willis-Knighton demonstrates its commitment to excellence in patient care is a focus on accreditation by specialty organizations. This involves assessment by outside experts, reviewing practices and procedures.

While some accreditations are required for government payers like Medicare, others are not. The fact that Willis-Knighton focuses on these outside assessments is an indication of its dedication to quality.

For instance, the Willis-Knighton Cancer Center has dual accreditation from both the American College of Radiology and the American College of Radiation Oncology. Michael Durci, MD, radiation oncologist, says while they're complex to acquire, the voluntary accreditations are an indicator of a program that is dedicated to the proposition of excellence. "We are compulsive and driven to create the best product we can," he says.



Bean bag baseball is serious business for The Oaks' Astros and Rookies teams. Mary Strickland, right, with fellow resident Lois Dukes, is one of the most competitive players.

MINGLING AND MAKING FRIENDS

Mary Strickland finds plenty of fun at The Oaks



They say there is a child in all of us. If that's true, the child inside Mary Strickland has done an about-face, because the once painfully shy little girl is no more.

"I'm a people person now," the Garden Apartments resident says. "I'm going to get out and mingle and participate in everything I can. I'm not going to sit in my apartment and let life pass me by. Staying involved and active and engaging with people is important to my well-being."

Strickland, 87, moved to The Oaks of Louisiana in August 2015, shortly after her car was struck by a driver who ran a stop sign and "totaled my little Mercury."

The accident sent Strickland to the hospital with seven broken ribs, a

lacerated breast bone and assorted other injuries. Once she recovered, her three children advised that she not get another car and stop driving, so the still-very-independent octogenarian made the decision to move into a senior living community.

"I didn't look anywhere other than The Oaks," Strickland says. "I wish I had moved sooner. I love everything about The Oaks—the staff, the residents, everything. Everybody has been super nice to me."

That's not hard to do when Strickland greets you with a smile and

Mary Strickland can often be seen taking part in one of The Oaks' many activities and programs. "I like doing," she says.

laughter comes as easy as water from a spout.

Since her arrival, she has become an integral part of life at Garden Apartments, joining the Rookies bean bag baseball team, attending programs, socials and lectures and taking part in the community's weeklong summer "camp."

When not involved in a planned campus activity, she plays games on her computer and is quite deft at FreeCell and video poker. "I'm up to \$23 million play money," she says, chuckling.

Family is spread throughout the United States, so social media lets her keep up with what is going on in their lives. Family, she says, no longer worries about her—a widow of 18 years—now that she is in a gated and secure community. "I feel safer here than anywhere in Shreveport," Strickland says.

Off-campus friends visit often, and new friendships within The Oaks community have been made.

"It's easy to make friends here," she says.

Especially if you get out and mingle. ■



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