

VIM & vigor

SPRING 2019

WK
WILLIS-KNIGHTON
HEALTH SYSTEM

Do It *Your* Way

27 ways to embrace your
health on your terms

PLUS *Joanna Gaines*

welcomed a new baby
to her family after her
40th birthday

HOW TECHNOLOGY
IS USED TO CURE
HEART DISEASE

*Empowering
activities at
The Oaks*

WILLIS-KNIGHTON'S
PROMISE:
ALWAYS HERE



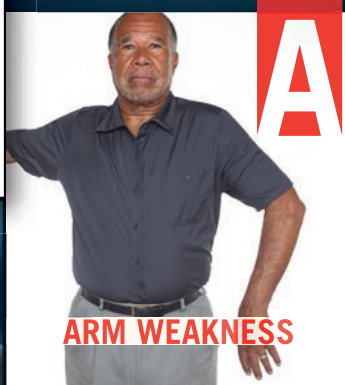


Body language
can tell you all
sorts of things.
Like someone is
having a **stroke**.



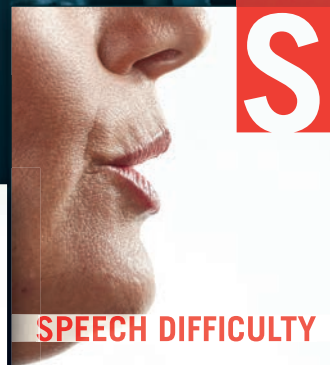
F

FACE DROOPING



A

ARM WEAKNESS



S

SPEECH DIFFICULTY



T

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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How this adrenaline junkie found an exciting new community.

EVOLVING TO BETTER OUR COMMUNITY

*As Willis-Knighton progresses, we
promise to continue to deliver the best care*



Change is inevitable. Who could have imagined that the Dick Tracy watch of cartoon fame would come to life as an Apple Watch, or that we would know who was calling on the phone without having to answer it?

Some say that as you grow older, you are more resistant to change. I'm not certain that's true. As you grow older, you gain experience, and you begin to see the positive results of change.

At Willis-Knighton, the changes have been dramatic over the past 54 years that I've been privileged to be here. We've brought our community many "firsts" that make healthcare better for residents and the physicians who deliver the care. Beyond technological and quality advances, we've also made advancements in our community, sharing our blessings through our "tithe the bottom line" philanthropy. People working together for the common good can do well—and do good.

One common good we've achieved is tremendous advancement in heart care. What was once considered serious is now almost routine. Darrell Rebouche's story in this issue focuses on our structural heart program. Look for it on page 49.

As things change, some things remain the same, and one of those is our constant attention to caring for people and showing them we really care. In 1987, our employees took great pride in signing pledges about the kind of care we wanted to deliver. We decided last fall to develop a new pledge about the care we deliver. Learn more about it in Marilyn Joiner's story on page 54.

We also make promises to the senior community and to their families at The Oaks of Louisiana. We want people to age in comfort, security and joy at The Oaks, whether they are independent, need a little help or require skilled care. Terrie Roberts shares how activities are planned with a purpose so that residents get the most from them. Check out that story on page 52.

As the new year progresses, you can be sure that we will change when we need to change but will remain the kind of place you can count on: a health system that's always here for your health and wellness and our community.

James K. Elrod
President and CEO



VIM & VIGOR

PRESIDENT AND CEO, WILLIS-KNIGHTON HEALTH SYSTEM

James K. Elrod

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Jarrod Mitchell

WORKING TOWARD BETTER HEART HEALTH

A national initiative is aimed at reducing cardiac incidents. Here's how you can help



Million Hearts, a national initiative co-led by the Centers for Disease Control and Prevention (CDC) and the Centers for Medicare & Medicaid Services (CMS), has one goal: preventing 1 million acute cardiovascular events by 2022. Part of the initiative is to get 70 percent of eligible patients to participate in cardiac rehabilitation.

Cardiac rehabilitation is a supervised exercise program designed to improve cardiovascular health after a cardiac-related event or procedure.

An optimal cardiac rehab experience is comprehensive and consists of 36 one-hour sessions that include team-based, supervised exercise training, education and skills development for heart-healthy living and counseling on stress and other psychosocial factors.

A cardiac rehab option now offered in our community is the Ornish Lifestyle Medicine cardiac rehab program at WK Fitness & Wellness Centers, which allows people even more time to focus on heart-healthy practices.

Strong evidence shows that cardiac

rehab programs can benefit individuals who have had a heart attack, received a coronary angioplasty or stent, have chronic stable angina or chronic heart failure or have undergone coronary artery bypass surgery, heart valve replacement or repair, or a heart or heart-lung transplant.

Improving awareness about the value of cardiac rehab, increasing referral of eligible patients and reducing barriers to participation are all critical steps in improving the referral, enrollment and participation rates in cardiac rehab programs.

According to Medicare data for the entire state of Louisiana, patients with eligible diagnosis codes enroll in cardiac rehab at about a 12 percent rate. Only seven other states rank below Louisiana.

If you have a heart issue and one of the eligible diagnoses, talk to your doctor about a referral to cardiac rehab. Friends and family members should tell others with heart issues about the availability of these services.

One patient called cardiac rehab “a difference maker for me.” Truly, cardiac rehab does make a difference. ■

WEBSITE



Start Today

For more information about Willis-Knighton's cardiac rehab programs, visit **wkhs.com/cardiac-rehabilitation** or call **318-212-4450**.

TECHNOLOGY UPDATE

Women in the Ark-La-Tex have access to the most advanced technology in mammography at all Willis-Knighton Breast Centers. In 2014, WK introduced 3D breast imaging at its centers in Shreveport and Bossier-City. In late 2018, all locations of WK Breast Center upgraded to the latest Clarity HD high-resolution 3D imaging, keeping pace with the latest trends in mammography.

Genius 3D Mammography

Target: Women undergoing screening for breast cancer.

Solution: The Clarity HD high-resolution 3D imaging provides the fastest and highest-resolution 3D images in the industry, delivering exceptional images regardless of breast size or density. The 3D system also includes the SmartCurve curved compression surface to offer a more comfortable patient experience without compromising image quality. The system also offers Quantra breast-density assessment software that provides an objective method of assessing breast density. This is critical for women with dense breasts, because higher breast density is known to increase a woman's risk for breast cancer. The overall experience and detail available with this advanced mammography at Willis-Knighton makes WK the right choice for breast imaging.



DETECTING CANCER EARLY

A cancer diagnosis at its beginning stages could mean a better result

Diagnosing cancer at its earliest stage has been a long-cherished dream of physicians and scientists. “Advancements in science have clearly taught us that the earlier you diagnose a tumor, the greater the chances are that it can be cured, which can lower cancer-related deaths,” says Prakash Peddi, MD, a hematologist and oncologist with Hematology/Oncology Associates.

Dr. Peddi says that diagnosing cancer early in some people could mean avoiding disfiguring surgeries or major operations, having less pain and suffering and, perhaps, avoiding chemotherapy.

Screenings have improved outcomes in breast, bowel, cervical, lung and prostate cancers, but screening for other types is not advocated or not yet proven effective. Although screening is available, not everyone takes advantage of it, which concerns Dr. Peddi.

He says that dramatic advances are being made in cancer research. “Ever-evolving technology, improving screening tools, reliable and accessible biomarkers, better imaging, decreased cost are all important,” he says. An equally important factor is educating and empowering patients. “With this, we hope to realize the dream of early diagnosis for all.”

BY THE NUMBERS



**Willis-Knighton
offers care whenever
and wherever you
need it most**

95

YEARS OF SERVICE

5

HOSPITALS

6

URGENT CARE CLINICS

5

WELLNESS CENTERS

UPCOMING EVENTS

“WHAT DO I DO WITH ALL MY STUFF?”



Famed comedian George Carlin made a living talking about people and their stuff. Have you ever opened the door to a closet and immediately closed it, afraid of the stuff that might fall out? Have you dared enter that closet and found stuff you’d forgotten? Avoid

these chronic pitfalls and stay organized in small spaces with tips from closet curator Dennee Locke.

Locke will share ways to manage your personal belongings to make it easier to have your home ready for company, downsizing or just to make sure you know where your stuff is.

Stop being afraid to open your closets! Join us Wednesday, March 13, at 2 p.m. in Tower at The Oaks Ballroom. The event is free and open to the public. Register online at wkhs.com (click “Classes & Events”) or by phone at 318-212-8225.



“BUILDING A PASSION: THE MAKING OF BACH’S ST. MATTHEW PASSION”



St. Matthew Passion is a complex and intricate piece of secular classical music

relating the Gospel according to St. Matthew, both lyrically through the written Gospel as well as musically, through an emotionally charged masterpiece by Johann Sebastian Bach. This nearly 300-year-old work presents myriad challenges to interpret into a respectful and appropriate performance.

Join Shreveport Symphony Orchestra’s Music Director Michael Buttermann as he discusses the challenges and thrills he has encountered in “Building a Passion.” Buttermann will explain how the symphony’s temporary home, First Baptist Church Shreveport, became the perfect venue for this piece, which he regards as the highlight of the season. Enjoy hearing previews of the performance from current symphony musicians.

“Building a Passion: The Making of Bach’s St. Matthew Passion” is at 4:30 p.m., Thursday, April 11, in Tower at The Oaks Ballroom. The event is free and open to the public, though seating is limited. Register online at wkhs.com (click “Classes & Events”) or by phone at 318-212-8225.





Tower at The Oaks resident Sam Smith loves to fish—and he has to go no farther than his own backyard at Lake Eleanor to enjoy his favorite pastime.

THE GREAT OUTDOORS

Immersing yourself in nature has many health benefits—and The Oaks provides the space for you to take advantage



Spring washes in like the tide, banishing winter's chill and bathing The Oaks of Louisiana in warmth and breathtaking beauty. The 312-acre campus is lush, trees budding, gardens richly full of vibrant petals and the soft greens of early spring.

Even the spirits of the residents rise as they shed the weight of winter coats and hats. They are invigorated by the gentle spring sun and nature's invitation to join her outdoors.

"Senior adults can benefit in many ways from being outdoors," says Holly Sanders, Spa & Wellness manager and group fitness coordinator

for Willis-Knighton Fitness & Wellness Centers. "Spending time outdoors restores the body and soul. Research confirms that being outside not only lifts your spirits and makes you feel happier, but it also improves your physical and mental well-being."

Seniors who spend time outdoors experience less depression, stress and anxiety. Vitamin D levels rise, which can help reduce the risk of a number of physical ailments, including pain in your muscles and bones, inflammation, osteoporosis, cancer and heart attacks. Spending time outdoors also strengthens the immune system by increasing white blood cells.

In fact, a 2015 study from the University of Minnesota revealed "how a relatively mundane experience, such as hearing the sound of water or a bee buzzing among flowers, can have a tremendous impact on overall health" of senior adults. Another study from Harvard University in 2016 found that people whose homes are surrounded by vegetation lived 12 percent longer.

Although simply being outside and enjoying nature is beneficial, The Oaks campus offers myriad opportunities to interact with nature and get exercise at the same time. LifeTrail outdoor fitness stations are positioned throughout campus and provide residents strength and cardio fitness opportunities for a full-body workout. Walking trails around Lake Eleanor and throughout campus let residents enjoy aerobic exercise while experiencing fresh air, birds chirping and the smell of freshly cut grass. A croquet lawn, chipping green and putting green allow residents to engage in friendly competition, while Lake Eleanor itself hosts the perfect spot to cast a line on a Saturday afternoon.

"Traditional exercise isn't the only way to spend more time outside," Sanders says. "We have gardening opportunities. We're the perfect venue for bird-watching. We have seating for relaxation and meditation. The Oaks is like a big park with ducks, geese and other wildlife—all of which promote positive feelings and better mental health."

What better time than spring and what better place than The Oaks to enjoy the great outdoors. ■

PARTY PERFECT

Hosting a spring gathering? Put a twist on these classic menu items



Asian Superfood Slaw

INGREDIENTS

Slaw:

- 4 cups shredded cabbage (use both purple and green for color)
- 2 carrots, shredded
- 1 red or yellow bell pepper, thinly sliced
- 6 green onions, root and 2 inches of green top removed, finely chopped
- ½ cup green peas
- ½ cup chopped fresh cilantro
- 2 tablespoons chopped fresh peanuts for garnish

Sauce:

- 2 tablespoons extra-virgin olive oil
- 2 tablespoons organic tamari (gluten-free soy sauce)
- ¼ cup raw apple cider vinegar
- 2 tablespoons raw honey
- 1 teaspoon toasted sesame oil
- 2 tablespoons creamy natural peanut butter
- 1 clove garlic, peeled
- 1-inch knob fresh ginger, peeled and rough chopped
- Hot sauce or a small fresh jalapeno for heat (optional)

INSTRUCTIONS

Wash and prepare the fresh vegetables for the slaw. Shred the vegetables by hand with a sharp knife or use the shredding blade in a food processor.

Place all ingredients for the sauce in a high-speed blender and blend until smooth, about 30 seconds. If desired, you can finely chop the garlic and ginger and whisk the sauce by hand instead of using the blender.

In a large bowl, combine the vegetables for the slaw and the blended dressing. Garnish with peanuts. Store in an airtight container in the refrigerator up to three days.

Yield: 8 servings

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

Cucumber Dill Tea Sandwiches

INGREDIENTS

- 1 8-ounce block of cream cheese, softened
- Juice from 3 limes
- 2 tablespoons fresh dill, chopped
- 1 cucumber, seeded and diced to ⅛ inch
- 1 loaf rye bread

INSTRUCTIONS

Place cream cheese and lime juice in mixing bowl and beat at medium speed until combined. Stir in dill and cucumber. Lay slices of bread on sheet pan. Spread the cream cheese mixture evenly on each slice of bread. Cover and place in freezer. When bread is frozen, remove from freezer. Cut crust from each slice of bread. Cut each slice of bread into three pieces.

Yield: 10 to 12 servings

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



MANAGEMENT PROFILE

Willis-Knighton's Quality Controller

Before any Willis-Knighton physician will see you, he or she must see Camissa Decker. "We are responsible for credentialing for the medical staff and allied health staff," Decker says, explaining her role as director of medical staff services. Physicians, dentists, podiatrists, nurse practitioners, physician assistants, surgical assistants and the like can't work at Willis-Knighton until they pass a thorough vetting by Decker and her staff.

"We're the first line of patient safety," she says. "We verify education, training and competency." The task can be tedious and time-consuming, but it is essential for maintaining the highest possible standards of medicine at WK.

For 23 years, Decker has dedicated her career to Willis-Knighton and its patients, where she's risen through the ranks in her department to the position of authority and great responsibility that she now holds. "Every single year, we've grown," she says, but she wouldn't have it any other way. "I like Willis-Knighton and what it stands for."

Committing most of her adult life to one organization has its rewards. "The people you work with are your friends and your neighbors," she says. "We take care of our patients, and we take care of each other. We really are like a family."



WK EMPLOYEES

Helping Our Community's Furry Friends

When Ashley Sabins talks about pets living in an animal shelter, her eyes droop a little. "I get emotional just thinking about all the animals that don't have homes," she says. Sabins, who is the manager of gift shops at Willis-Knighton hospitals, as well as Marketplace at The Oaks, lives with her husband, Robert, and two German shepherds. "One of them is a rescue," she quickly points out.

The Sabins family would like to adopt more pets, but their big dogs take up a lot of space; instead, they visit the shelters hoping to help. "It's really hard coming into the shelter and seeing all the little babies that need homes," she laments. So, she does what she can to make them more comfortable, rounding up old towels, sheets and blankets on a regular basis and donating them to the shelters. "I know these places need as much help as possible," she says. "I do what I can to help make the fur babies' lives better."

Her goal is to get soft bedding to as many dogs and cats as possible. "I want to keep them comfortable. A lot of them will get adopted, and that's what keeps me going."

The Breaking Rules Issue

Times change,
and so do we.

CHANGING NORMS



Human beings and their health are always evolving.
What might change in the next 50 years?

15.5%

Smoking: In 1954, 45 percent of American adults lit up. Today, it's **15.5 percent**. Credit increasing public education about smoking's risks.



↓39%

Breast cancer: Death rates **dropped 39 percent** from 1989 to 2015. The decline is thanks to improvements in treatment and early detection.



0

Vaccines: Because of the polio vaccine, this disease is on the verge of worldwide elimination; **there have been no cases** originating in the United States since 1979. In 1952, nearly 60,000 U.S. children were infected with the virus.



26.6

Pregnancy: In 1970, the average age of a first-time mother was 21.4. **In 2016, it was 26.6**. The teen birth rate is nearly 70 percent lower than it was in 1991.



Read on, and challenge some of the things you might believe about your health. ➔

Sources: American Cancer Society, Centers for Disease Control and Prevention, Gallup, National Public Radio, World Health Organization



JOANNA PHOTO BY
LARSSEN AND TALBERT/GETTY

ADDING ON

Design star **Joanna Gaines** became a mother of five at 40 BY **SHELLEY FLANNERY**



HGTV fans admire Joanna Gaines for her creative vision. She can see potential in a space when no one else can. But it was a new addition to her own family last year that she didn't see coming. Gaines and her husband, Chip, had just decided to call it quits on their wildly successful home renovation show, *Fixer Upper*, when they found out she was expecting.

"It was a total surprise," Gaines told *People* magazine. "But when we found out, it solidified that it was the right decision to leave [the show] when we did."

Gaines was 39 when she discovered she was expecting her fifth child, eight years after the birth of the couple's then-youngest daughter, Emmie Kay. The Magnolia mogul and author of *Homebody* turned 40 during her third trimester.

And when she welcomed a baby boy, Crew, on June 21, she joined a growing club: women who give birth in their 40s.

Babies at 40 and Beyond

Despite moms-to-be older than 35 being labeled as "advanced maternal age," women ages 40 to 44 saw the largest increase in birth rate between 2016 and 2017, up 2 percent, according to the Centers for Disease Control and Prevention, while other age groups saw decreases or stagnation. That modest gain is part of a long-standing trend: The birth rate for women in their early 40s has generally risen since 1982. (That said, women in this age group still gave birth to just 3 percent of the 3.85 million babies born in 2017.)



Joanna Gaines with her newborn, Crew.



There are several reasons for the increase. A study published in the *International Journal of Healthcare* reported the reason most commonly cited by women for delaying childbearing was “being able to financially support a child,” which often correlates with waiting to complete college and establish a career. Women who participated in the study also mentioned waiting to be in a stable relationship, finding the right partner and having a home as other top reasons for waiting to have kids into their 30s and 40s.

Another reason women may be taking more time is because they can, or at least they think they can. While Gaines says she conceived naturally—Chip, in a tweet, attributed the pregnancy to a romantic date night—many 40-somethings are relying on assisted reproductive technology, even if they’re not talking about it. It’s empowering to have options, but experts warn against putting too much stock in technology.

“I do think, based on what we’re seeing on social media about women having children later in life, there is a bit of a false sense of security thinking you

can delay childbearing indefinitely,” says Shannon Clark, MD, a spokeswoman for the American College of Obstetricians and Gynecologists. “And women may not necessarily recognize that it’s not always easy.”

Fertility After 40

As evidenced by Gaines, women can—and do—get pregnant naturally after age 40, but it’s much more difficult. While a 30-year-old woman has about a 20 percent chance of conceiving each month, the chances drop to 5 percent 10 years later, according to the American

Society for Reproductive Medicine. The decline is attributable to both egg quantity and quality.

“Even though women are born with more eggs in their ovaries than they will ever ovulate, most of these eggs are lost without ever maturing and being released,” says Christos Coutifaris, MD, PhD, president of the American Society for Reproductive Medicine. “The other thing you have to remember is these eggs have been sitting in the ovaries since the woman was a fetus. Over time, the quality of the eggs decreases, resulting in chromosomal abnormalities or genetic defects that raise the risk of failed implantation and miscarriage.”

And conception is only half the battle. After 40, women are more likely to experience pregnancy-related complications.

CONTRACEPTION IN YOUR 40S

You might be surprised to learn that not only do women have babies in their 40s, but the rate of women having babies during this decade of life is also on the rise.

“There is no one perfect time to get pregnant,” says Karen Berken, MD, with Women’s Health Associates. In reality, most women over age 40 have

healthy pregnancies and healthy babies, Dr. Berken says.

Although women commonly think they can’t get pregnant after age 40, if they are still having periods, they need to use birth control, Dr. Berken says. “The safest way to prevent an unwanted pregnancy at any age is a reliable form of contraception.” Depending on the age and health of the woman, options include oral contraceptives, permanent birth control, such as tubal ligation, and barrier methods, such as condoms and diaphragms.

Women need to discuss with an OB-GYN the birth control options that best fit their lifestyle and any existing medical conditions. Dr. Berken says certain risk factors and health conditions in women 40 and older may affect which types of birth control are recommended, so talk to your doctor to find out which is best for you.

WEBSITE



What Are Your Options?

With so many forms of contraception available, it is a good idea to discuss your options with a physician. Visit directory.wkhs.com and find a certified OB-GYN in the Willis-Knighton Physician Network to meet your needs.

7 THINGS

You (Probably) Don't Know About Joanna Gaines



Joanna and Chip Gaines are the parents of five children.

- 1 While she calls Waco, Texas, home today, Gaines is from Wichita, Kansas.
- 2 Growing up, Gaines always wanted to be on TV, but as a broadcast journalist, not a home makeover star.
- 3 Her first job was at an all-you-can-eat buffet.
- 4 Gaines and her husband, Chip, both attended Baylor University but didn't meet until after they graduated.
- 5 She worked in her father's tire shop after college and met Chip when he brought his truck in for servicing.
- 6 Gaines has no formal design training. She's honed her style over years of flipping houses with Chip.
- 7 HGTV approached the couple about filming the pilot of *Fixer Upper* after a producer saw Gaines' design blog.

Sources: Texas Monthly, PopSugar, Insider

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Complications Can Arise

Crew was born a bit ahead of schedule.

"He made an unexpected (and speedy) entrance into the world two and a half weeks early—which is fitting given he was a sweet surprise from day one," Gaines posted on Instagram on June 23.

Early delivery can be a complication for older moms. Fortunately, Crew arrived in good health and Gaines' pregnancy was complication-free as far as we know. But some women who have babies in their 40s aren't as fortunate.

Older moms are at higher risk for low birth weight, gestational diabetes, preeclampsia, birth defects, miscarriage and stillbirth, as well as getting pregnant with multiples.

"They also have an increased risk of needing a cesarean section at the time of delivery," Clark says.

Additionally, older moms need to consider any preexisting medical conditions, Clark adds.

"As we age, we can develop medical conditions, whether it be high blood

pressure, diabetes, cardiovascular disease or obesity."

Of course, being older won't automatically lead to complications, and younger women can have complicated pregnancies as well. A German study of nearly 9,000 women found those over 40 had similar outcomes to younger women as long as they regularly attended prenatal checkups, received proper medical treatment for underlying conditions, adhered to healthy lifestyle recommendations and delivered at a hospital that specializes in high-risk pregnancies.

Benefits to Being an Older Mom

Pregnancy at 40 and beyond may sound daunting, but there are plenty of positives to having a child when you're more mature.

Research has shown that, in general, women who begin having babies later in life earn more over their lifetime than women who enter motherhood earlier. There are medical advantages

to the older mother as well. A study of women in the U.S. and Denmark suggested that those who have children later in life are more likely to live longer and less likely to develop cognitive decline as compared with women who have children at younger ages.

The biggest benefit might simply be having a different perspective.

Referring to her fifth pregnancy, Gaines told *People*, "I feel like I can really take this one in and relish these moments."

She wrote in her Magnolia blog, "Since it's been over eight years since I was pregnant with Emmie Kay, I joke with my friends that it feels like it's my first time being pregnant. The best thing about all of this is the excitement that my kids have shown for their new baby brother ... They love my growing belly (and boy is it growing), and they cannot wait to meet him. I truly believe this baby is a gift from God for our family in this season."

We can't wait to see what's in store for Gaines' next season—and beyond. ■

THE BIG STORY

The Rules

DON'T APPLY



PHOTO BY GETTY IMAGES



*When it comes to health,
we can't control everything
that happens to us. But being
aware of the risks may help us
live longer and better*

BY **STEPHANIE R. CONNER**



Lung cancer is the top cancer killer, and non-smokers aren't immune.



‘But I Never SMOKED’

➔ Lung cancer may be more common in smokers, but yes, nonsmokers can get it, too

Smoking causes about 90 percent of lung cancers. But the American Cancer Society reports that as many as 20 percent of Americans who die from lung cancer have never used tobacco.

“To get lung cancer, all you really need is lungs,” says David Tom Cooke, MD, a volunteer spokesman for the American Lung Association and co-founder of #LCSM (Lung Cancer Social Media).

Because only a small number of people qualify for lung cancer screening, it helps to understand the warning signs and know when it’s time to call your doctor.

SCREENING AND RISK

There is a test that screens for lung cancer—a low-dose CT scan. But it’s not standard for everyone of a certain age, like mammograms or colonoscopies.

“When you’re screening people who are asymptomatic, there are potential benefits and harms,” says Ella Kazerooni, MD, chair of the American College

of Radiology Lung Cancer Screening Committee and ACR Thoracic Imaging Panel.

Lung cancer screening is recommended for those considered at high risk for the disease—those who are 55 to 80 years old, still smoke or have quit within the last 15 years, and have a 30-pack-year history of smoking (one pack a day for 30 years, or two packs a day for 15 years, and so on). But Kazerooni notes there is ongoing discussion in the medical community and research exploring the potential benefits of screening based on other risk factors.

After all, while smoking is a major contributor to lung cancer, it's not the only one. Other factors that can put you at risk for the disease include:

- **Radon gas.** This naturally occurring gas is harmless in small amounts, but when it becomes concentrated, it can pose a risk. You can hire a professional to test for radon in your home, or you can purchase an inexpensive kit to do it yourself. According to the U.S. Department of Health and Human Services, 1 in 15 homes has a high radon level. If you find you have high radon levels in your home, you can install a vent system or fan to pull the gas out.

- **Secondhand smoke.** If you're frequently around others who smoke, you may be putting yourself at risk. In fact, nonsmokers who are regularly exposed to secondhand smoke have a 20 to 30 percent greater chance of developing lung cancer. In those who have never smoked but breathed secondhand smoke as a child, lung cancer is more common as well.

- **Exposure to cancer-causing materials.** Asbestos, which is a concern for those who work in certain industries like shipbuilding and insulation, and diesel exhaust, which we can inhale at work or while traveling, are agents that can cause lung cancer. To help lower your risk, wear a protective respirator to filter the air you breathe. In addition, try to reduce your exposure by limiting the time you spend near idling machines.

- **Air pollution.** In the U.S., the risk of lung cancer as a result of air pollution is lower than in many other countries, but people should still beware of indoor and outdoor air pollution. To limit your exposure, watch for the air quality index in your area and avoid outdoor activity when pollution is at high levels. Take your walks or runs along lower-trafficked routes, and keep your windows closed during rush hour. An air purifier inside your home can help, too.

- **Genetics.** A family history of lung cancer may increase your risk, regardless of whether you ever smoked.

WARNING SIGNS TO WATCH FOR

Be sure to talk to your doctor about any of your risk factors and concerns. It's also important to know the warning signs. Without a standardized screening, your ability to identify changes in your body and see a healthcare provider is essential to identifying lung cancer early. Those symptoms include: a cough that doesn't go away and worsens over time, hoarseness, constant chest pain, shortness of breath, regular lung infections and coughing up blood.

If you experience these symptoms, talk to your doctor. He or she will recommend tests to look for any signs of

lung cancer or other conditions that might be causing your symptoms. Note that the early symptoms of lung cancer are subtle—if they are present at all—and can indicate something else.

Cooke says it's important to change the way we think about lung cancer to help people get the care they need, whether they smoke or not.

"Lung cancer is considered a lifestyle disease versus a disease of bad luck. But most cancers are bad luck, and most smokers don't get lung cancer," he says.

Of course, smokers don't deserve lung cancer, either. "But there's stigma with lung cancer," Cooke says, "and we need to stop that." ■

CALL



Get Involved

If you stop smoking, your chances of getting lung cancer or causing lung cancer in those around you are greatly reduced. Learn more about the Willis-Knighton Tobacco Treatment Clinic at **318-212-4402** or wkhs.com/tobacco.

Smoking Help at Willis-Knighton

If you live in Louisiana and have been a smoker since before Sept. 1, 1988, you might qualify for free treatments to help you quit smoking. The Smoking Cessation Trust will cover the cost of nicotine replacement aids and counseling sessions at Willis-Knighton Tobacco Treatment Clinic.

The tobacco treatment specialists at Willis-Knighton, who have expert training from Mayo Clinic, can guide you toward a smoke-free future. "Counseling sessions with our specialists can be very successful," says Jarrod Mitchell, coordinator for the Tobacco Treatment Clinic. "We share strategies and insight that many others have implemented to stop smoking."

Although Mitchell understands people find different motivations to quit smoking, "most people realize that smoking interferes with what they want in life, what their goals are and what means the most to them," he says.

Younger people with dementia may feel caught in a cycle of forgetfulness and confusion.



When Dementia **STRIKES YOUNG**



Knowing the signs can help you prepare for the future

Forgetting our keys or struggling to find the right word ... who can't relate? Some memory loss is normal as we age. But more serious cognitive challenges can be a sign of dementia. And it can begin younger than you might think—even in a person's 40s or 50s.

Of the 5.7 million Americans living with Alzheimer's disease today, about 200,000 of them are classified as younger-onset, meaning they started developing symptoms before age 65. Because developing a cognitive disorder like Alzheimer's is rare in our younger years, it's easy for the symptoms to be mistaken for other conditions, including stress, menopause or thyroid problems.

"Diagnosis becomes difficult," says Monica Moreno, senior director of

ILLUSTRATION BY GETTY IMAGES

care and support for the Alzheimer's Association. "For a clinician to see someone in their 50s having issues with cognition, Alzheimer's disease is not the first place they go."

But getting a diagnosis is important to ensure a person has access to treatments for their symptoms as well as support resources. Knowing what signs to look for can help you understand when to see a doctor and get help.

WHAT TO LOOK FOR

A lot of people believe that the symptoms of Alzheimer's and other types of dementia are a normal part of aging.

"That is not true," Moreno says, because it's not just forgetting something here or there. "We're talking about cognitive impairments that start to affect daily life."

She shares examples of an award-winning chef who can't recall how to make a simple omelet or individuals who can't remember how to get to the job they've held for years. Sometimes a person might not recall where they are or what year it is.

"It's these types of events that cause people to be concerned," Moreno adds. If you notice these symptoms, it's time to see a doctor.

It can take time to diagnose dementia, especially in a younger adult. The doctor may ask questions about medical history and do a physical exam. In addition, he or she may order lab work as well as cognitive tests and a brain MRI or CT scan. Part of the doctor's goal is to rule out other possible problems before confirming a diagnosis of Alzheimer's disease or another form of dementia.

LIFE AFTER DIAGNOSIS

A diagnosis is essential to benefit from treatments and resources. But it's important to recognize that there is no cure.

"There is no way to prevent, cure or slow its progression," Moreno notes. "There are treatments that address the symptoms but not the underlying disease."

For younger adults, there are financial benefits to a timely and accurate diagnosis. Individuals with younger-onset disease can start to struggle at work and earn poor reviews—they might even get fired.

"While they were employed, they might have had access to benefits like long-term disability," Moreno says. "But once they've been relieved, they no longer have access to those benefits. If they are the primary breadwinner for their family, that can have a significant impact. There are a lot of implications in not getting a diagnosis."

With the disease identified, a family can also start to make legal or financial plans, such as who will make decisions when the person with Alzheimer's no longer can. And, as Moreno points out, understanding what they're dealing

with allows a family to have difficult but vital conversations early on and begin to know what the loved one wants and expects in the future.

Alzheimer's disease looks different in every individual and progresses differently, too. But once you have a diagnosis, you can take steps to provide your loved one comfort and quality of life. ■

WEBSITE



Alzheimer's 101

If you know someone who is experiencing Alzheimer's disease, you can help everyone close to you cope with the challenges by learning as much as you can about the condition and by caring for your own well-being. Start with wkhs.com/vim/alzheimers.

Lifestyle Changes to Ward Off Dementia

Research shows certain lifestyle habits might reduce our risk of cognitive decline. "Physicians should encourage patients, especially those with early dementia or risk factors for dementia, to maintain or increase physical activity and exercise," says Stephen Beene, MD, of WK Adult Medicine Specialists. He says some people can't exercise regularly for medical reasons, but most can benefit from staying physically active. Dr. Beene recommends that you:

Take your medicines. If you're on blood pressure medicine, for instance, regularly taking your medication can help reduce your risk of dementia. "Hypertension is associated with an increased risk of vascular dementia and Alzheimer's disease."

Watch your diet. "Diets high in fruits, vegetables, whole grains, beans, nuts, seeds and olive oil have been associated with a variety of health benefits."

Take vitamin E, which "may have a modest benefit in slowing disease progression in patients with mild to moderate Alzheimer's disease."

Although these steps might help, Dr. Beene cautions that "these lifestyle factors remain unproven as a means of preventing dementia."

Don't sideline your fitness because of an injury.



Back in the **GAME**



Don't let a sports injury keep you on the sidelines

You know the feeling: Something moved in a way it shouldn't have—a twist, a wrench or a pop. Maybe it was poor form on the elliptical, landing wrong during pickup basketball or an awkward twist while getting dressed.

Injuries can be devastating to avid exercisers, weekend warriors and fitness novices alike, because when we take a break from our workout regimen, we risk losing our strength and endurance—and perhaps, just as important, our momentum toward better health.

If you've suffered a sports (or not-so-sportsy) injury, it's important to first identify the injury and treat

it properly. Then, after you heal—or sometimes, as you heal—you can rehabilitate the problem area while finding other ways to maintain your fitness.

“Everyone will have some sort of deconditioning,” says Ryan Balmes, PT, DPT, a spokesman for the American Physical Therapy Association (APTA), but just how much will depend on the severity of the injury and how fit you were beforehand. Fortunately, there’s a way to regain your strength. “That’s the art of rehabilitation,” he says.

Here are a few ideas for staying on track after three common injuries.

ANKLE **SPRAINS**

APTA notes that 45 percent of U.S. sports injuries are ankle injuries. If your activity involves running, jumping or changing directions quickly, you’re at higher risk for a sprained ankle, which happens when the foot twists beyond its normal range of motion, causing ligaments (tissues that hold our joints together) to stretch or even tear.

Help it heal: Immediately after a sprain, rest and ice are helpful. You might consider wrapping the ankle too, as compression reduces swelling. And you can start to walk on it as soon as you feel you can support your weight. Go slow and talk to a doctor or physical therapist about exercises you can do to work your way back into shape.

Stay in shape: Unable to bear weight to run, walk or jump? A great cardio exercise, Balmes says, is swimming. You can also consider trying an arm bike, which can help you maintain your cardiovascular endurance. Your gym may have one to try.

LOW BACK **STRAINS**

Back pain is a very common problem. Poor lifting technique (whether you’re lifting boxes at home or barbells at the

gym), weak core muscles and awkward movements can all come into play.

Help it heal: Ice, heat and rest can be helpful in the early days of a back strain. As you start to feel better, ask your doctor or physical therapist about whether massage might be beneficial and what exercises can help.

Stay in shape: As your back heals, you might not be able to handle heavy loads to squat or dead lift at the gym, but after the first couple of days, you’ll probably be able to at least walk.

TENNIS ELBOW (**LATERAL EPICONDYLITIS**)

It’s called tennis elbow, but you certainly don’t need to wield a racket to experience this painful condition. The muscles you use to grip or twist objects attach to parts of the elbow. So, anyone who uses their hands a lot (for any purpose, really) can aggravate the elbow.

Help it heal: As with a lot of injuries, rest, ice and wrapping the elbow

can be helpful in the early days afterward. Then, you can start to move your wrist and elbow (without using your muscles) before moving on to more active exercises.

Stay in shape: Fortunately, there are lots of activities you can engage in that are easy on your elbows. To maintain basic fitness, focus on walking or riding a stationary bike. ■

WEBSITE



Anticipating Joint Replacement Surgery?

Willis-Knighton’s joint replacement camp is a great educational opportunity if you’re planning hip or knee replacement surgery. Visit wkhs.com/vim/joint-camp.

Taking Care of Sports Injuries

Injuries can happen to anyone, and they’re not always extreme. Sometimes you might not immediately know you’re hurt.

“Injuries happen to everyone,” says Andrew J. Moritz, MD, an orthopedic surgeon at Bossier Orthopedics. “Some are traumatic, and you know right away,” while others might become apparent gradually. “No matter how they occur, injuries affect people in many ways—not only their mobility or ability to work, but also socially or emotionally.”

Some minor injuries respond well to over-the-counter medications and passive treatment like rest, ice, compression and elevation, otherwise known as RICE.

“Getting well is important,” Dr. Moritz says. “There are many reasons why people don’t seek treatment. For instance, some assume an injury can only be treated with surgery.” However, surgery often is not the best course of action.

He also says not to hesitate to see a doctor to find out how your injury can be helped, even if the injury seems minor. “If your question is, ‘Should I get this looked at?’ the answer is always yes,” he says.

Is Sitting Smoking?

There's no easy answer—but there's also no doubt being sedentary is lethal **BY ROSE SHILLING**

You drive to work or ride the bus. Your days often include hours in your office chair, seated meetings and lunch at your desk.

Exhausted after work, you sink into your couch to check your phone and then eat dinner at the table (or maybe back on the couch). You work out when you can, but, like three-quarters of American adults, you know you don't get enough physical activity.

If this describes your day, you're not alone. But a growing body of research in recent years suggests that all of this sitting is killing us.

That's why you hear recommendations not only to exercise more, but also to stand at your desk, take the stairs and choose the farthest parking spot from the store.

Sedentary science has a catchphrase: Sitting is the new smoking. The idea comes from research suggesting

that inactivity, like smoking, is responsible for millions of deaths worldwide.

Equating sitting with smoking—the country's No. 1 cause of preventable death—helps emphasize how serious of a health risk a sedentary lifestyle can be. After all, most Americans have heard the pervasive messages about how dangerous smoking is.

But is the comparison appropriate?

ing Really the New



Smoking vs. Sitting

For the overall population, calling smoking and being sedentary similar threats is fair based on research, says Kathryn Schmitz, PhD, MPH, president of the American College of Sports Medicine.

Researchers can estimate how many people develop diabetes, heart disease, cancer and other health problems from moving too little, and the number of related deaths stacks up frighteningly high compared with smoking fatalities, she says.

About 6 million people die annually worldwide from tobacco use. Physical inactivity causes more than 5 million deaths globally, considered a conservative estimate by researchers whose findings appeared in *The Lancet* in 2012.

Smoking, a habit of about 14 percent of American adults, is so damaging that it kills a big portion of people who light up, Schmitz explains. Being sedentary rivals smoking for number of deaths because the pool of people who don't meet minimum activity goals is huge: 75 percent in the U.S.



Consider the Individual

In other words, smoking and sitting don't have equal risks for an individual, despite their comparable effects on society, Schmitz says.

As a researcher who advocates exercise for cancer recovery, people expect her to say physical activity is the most important thing they can do for their health. But that is not true for smokers, she says.

A smoker's risk for cardiovascular disease, cancer and many other problems is at "a way ridiculous higher rate" than someone who sits too much. "If you have the choice between quitting smoking and sitting less, I'm going to say quit smoking," she says.

But for sedentary non-smokers, she ranks standing up and being active as their most important tool for better health.

Fixing Our Sitting Problem

With smoking, use started to decline after people learned how damaging it was in the '60s, points out John Maa, MD, a spokesman for the American Heart Association who works on tobacco policy.

In the same way, he hopes research on sedentary lifestyles will spur people to change patterns of inactivity that have hurt their health, driving down related deaths.

One priority to encourage activity should be providing accessible places to get exercise, such as bike lanes and paths for commuters, and safe parks and school walking routes for kids, Maa says.

“These are health patterns that you want to ingrain [in children], and those become healthy behaviors all through their adult life.”

In the health field, patient-doctor discussions about physical activity are becoming more common, says Maa, a general surgeon who studies how tobacco affects surgical results.

Doctors often have their best chance to sway a person to quit smoking after a diagnosis of a major health condition, he says. Those “teachable moments” also should be used to inspire people to get active.

What Too Much Sitting Does to Your Body

When you sit or recline, your muscles go quiet and start to weaken, says Kathryn Schmitz, PhD, MPH, president of the American College of Sports Medicine. Over time, your muscle mass declines. “Muscle is a use-it-or-lose-it proposition,” she says. Sitting too much sets off a chain reaction:

- ▶ With less active muscle, you need fewer calories as fuel to move.
- ▶ If you haven't cut back food, you gain weight.
- ▶ You might develop deep belly fat around your organs, which increases health risks.
- ▶ Your body has excess glucose (sugar) because you're overeating and produces more insulin in response.
- ▶ Insulin helps get glucose into your cells for fuel, but the cells are full.
- ▶ Your glucose level rises, along with risk for type 2 diabetes.

And for your heart, smoking and obesity that is worsened by sitting could put you on the same path to problems by hardening your arteries, says John Maa, MD, spokesman for the American Heart Association. Cigarette chemicals damage blood vessels, and fat can build up in overweight people's arteries. Both put you at risk of heart attack-causing clots.





Breaking Out of Bad Habits

To upend your tendency to sit too long, Schmitz offers advice that she gives people who use physical activity to help with cancer: Be as active as you can and know that “something is better than nothing.”

You don’t have to be fit, healthy or athletic to get moving. Schmitz tries to “meet people where they are” and provide individualized activity plans that they can handle. The same idea can work for anyone who faces roadblocks to getting active because of obesity, depression, poverty, overwhelming schedules, injuries or pain.

Schmitz understands that life gets in the way of exercise, as she has learned from personal experience. She stopped working out when her fiancé went through head and neck cancer. She moved and changed jobs,

and her parents died in recent years, all dragging down her activity level. She didn’t feel well and was embarrassed by her weight gain, she says.

When she restarted, she couldn’t exercise for a half-hour, but she gradually built back her cycling and weightlifting routine.

“I have never, ever seen a situation where somebody didn’t feel better after a workout than they did before. I am living that now,” she says.

She doesn’t want you to feel guilty that you have to sit for an hour in your car or feel doomed by stats that say you lose time from your life when you sit for hours. “People have lives, and lives are hard.”

And don’t worry about hiring a trainer, joining a gym, buying special workout clothes or even sneakers, she says.

Staying Active for Better Health

Get up and move! That’s the advice given by health experts to those who want to live well and longer.

That doesn’t mean you have to work out in a gym or run around the block several times a week, says Eddie Johnson, MD, with Cardiac Rehabilitation at Willis-Knighton. “Exercise is just one kind of physical activity.”

Although most daily physical activity is considered light to moderate in intensity, Dr. Johnson says it is through moderate activity that health benefits such as improvement in cardiovascular fitness are realized. Moderate-intensity activity means you are working hard enough to raise your heart rate and break a sweat, for example through brisk walking, riding a bike on level ground, playing tennis or pushing a lawn mower.

“Adults need at least 2½ hours of moderate-intensity activity every week for important health benefits,” Dr. Johnson says. Although that might sound like a lot of time, you can spread out your activity throughout the week so you don’t have to do it all at once. “As long as you engage in moderate activity for at least 10 minutes at a time—that’s the goal,” he says.

WEBSITE



Find Your Target Heart Rate

When you stop to take your heart rate during a workout, what should it be? That depends on your age and how hard you’re working out. Find out your healthy heart rate range at wkhs.com/vim/target-hr.

Changing Your Health

Try some of these ideas to inject more movement into your day:

- ▶ Don't look for a seat at a party. Stay standing instead.
- ▶ Take a brisk walk after meals to lower your blood sugar levels.
- ▶ Have a competition with co-workers to walk the most steps.
- ▶ Try a fitness tracker or step counter if you haven't yet.
- ▶ Maximize movement: Walk to talk to a co-worker in person or use a restroom on another floor.

▶ Set movement habits: Stretch after sending an email or text or pace when talking on the phone.

▶ Add motion to routine activities: calf raises while brushing teeth, leg lifts while cooking, arm and neck stretches at a red light.

For beginners and people with physical limits, Schmitz suggests these basic activities:

▶ Chair stands: This is a great starting point for people who don't feel like they can exercise. Without using your arms, see how many times you can stand from your chair. When you can do 20, add some walking.

▶ Walk the commercials: Stride around the house or march in place during TV show breaks (pause a movie or streaming series without commercials every 15 minutes).

▶ Table laps: Walk around your table as many times as you can. Work up to laps around the house, and then walk to the corner of your street and eventually around the block.


"Exercise is a medicine," Schmitz says. "It has effects that are just as powerful as any medicine." ■



The **REAL** **DEAL** with **CARDIO**



PHOTOS BY GETTY IMAGES



Conventional wisdom says cardio is the way to lose weight. But can you really run your way thin?

BY **JEANNIE NUSS**



For decades, exercise trends have focused on cardio as a key to weight loss—from Jazzercise and aerobics to running and SoulCycle.

Now, though, many popular workouts, such as CrossFit and P90X, seem to drill down on strength training as the way to move the scale.

So, if you're looking to lose weight, what's your best option?

Ideally a combination of cardio and strength training, experts say.

"Doing some sort of cardiovascular exercise really is effective at burning calories," says Angela Fitch, MD, secretary and treasurer for the Obesity Medicine Association. "Strength training, on the other hand, helps you build and maintain muscle mass," which, in turn, helps you burn more calories at rest.

Current federal guidelines recommend at least 150 minutes of moderate to vigorous physical activity and two strength-training workouts per week.

We turned to Fitch and other experts to talk about how cardio and strength training work—and how to best spend your time at the gym if weight loss is your goal.





WEIGHT LOSS 101

It seems simple, really: To lose weight, you need to burn more calories than you take in.

And if you're looking to lose a pound a week, which experts say is a healthy goal, you'll want to cut 3,500 calories a week, or about 500 calories a day.

You can do this by following a healthy, balanced diet and by exercising—and, ideally, by doing both (more on that later).

But not all exercise is created equal.

Cardio tends to burn more calories during a workout. So, if you run for 30 minutes, you'll burn more calories than you would, say, lifting weights for 30 minutes. (Harvard Health Publishing says it's 335 calories for running versus 112 calories for weightlifting by a 155-pound person.)

**30
MINUTES**

A 30-minute run burns more calories than lifting weights for 30 minutes.

**500
CALORIES**

Cutting 500 calories out of your daily intake will help you lose a pound per week.

That's because people are able to do cardio for longer periods without a break compared with strength or resistance training, says Josephine Boyington, PhD, program director in the Division of Cardiovascular Sciences at the National Heart, Lung, and Blood Institute.

"When you do resistance exercises [such as strength training], generally what happens is the muscle is tasked to the extent that it needs to rest," Boyington says.

But strength training helps build more lean muscle mass, which burns more calories even when you're not working out, says American Board of Obesity Medicine Medical Director Rekha Kumar, MD.

Strength training is also increasingly important as we age, Kumar adds, because we tend to lose muscle mass and our metabolism slows as we get older.

GIVE HIIT A CHANCE

Traditional cardio and strength training aren't the only forms of exercise.

Recent studies show that HIIT—short for high-intensity interval training—is another effective way to torch calories.

That's because HIIT, which often includes cardio and sometimes features strength training, incorporates short bursts (or intervals) of very intense exercises with short periods of rest, rather than plugging along at a more comfortable pace for a longer stretch of time.

So, if you only have 20 or 30 minutes to work out, try mixing it up with some HIIT-style cardio and strength training.

For example, if you're at the gym, you can hop on the treadmill, set it on an incline and alternate between sprints and walking. And if you're outside, you can sprint to a landmark like a nearby tree or telephone pole, then walk to the next landmark.

With intervals, “in addition to increasing your heart rate, you’re stressing your muscles in a different way where you’re also building muscle,” Kumar says.

Spend the rest of your workout doing strength-training exercises that target big muscle groups, like holding a plank pose to work your core or doing squats to work your quads.

YOU CAN'T OUTFIT (OR OUTFIT) A BAD DIET

Although it can be tempting to think that the gym is a silver bullet for weight loss, exercise alone isn't enough to shed pounds.

“By doing only physical activity, you don't lose very much weight,” Fitch says. “You've got to combine exercise with some dietary changes in order to produce results.”

So, start keeping tabs on what—and how much—you're eating with a calorie tracker. Then, once you see what you're eating, you can cut back on calories and start making more healthful food choices (e.g., drinking sparkling water instead of soda or eating spaghetti squash instead of pasta).

Calorie trackers can also include a log of your exercise and help keep you from overestimating the calories you burn when you're working out. It might show you, for example, that a half-hour workout is quickly negated by a single-serving bag of potato chips, Fitch says. ■

WHY AM I NOT LOSING WEIGHT?

You want to lose weight, so you kick up your exercise program by adding cardio workouts and strength training. Both have powerful health benefits, but beware: You may not see a change on the scale, says Joyce Florance, manager of WK Pierremont Wellness Center.

“Exercise is about more than weight loss,” Florance says. “Exercise can lower your risk for many diseases, such as cardiovascular disease and high blood pressure, elevate your mood and improve your mental health.”

Adding cardio—such as running, walking, cycling and swimming—and strength training to an exercise program might not translate to pounds lost, she notes. “You may be adding lean muscle mass and losing fat, so it's important to look at inches lost, your body mass index and how your clothes fit.”

The effects of exercise on weight loss or gain also vary by person. “It's important to remember the best exercise is the exercise you do, and to burn more calories than you take in,” Florance says.

WEBSITE



Get Active

Willis-Knighton has four Fitness & Wellness Center locations that feature more than 175 group fitness classes each week to help you stay healthy and fit. Learn more about the programs offered at wkfitness.com.



10 WAYS TO BE HEALTHY IN AN UNPREDICTABLE LIFE



1

If you start having respiratory symptoms—persistent cough, chest pain, lung infections—tell your doctor.

Don't accept memory loss or confusion as a normal sign of aging. Get it checked out.

2

3 Remember that delaying childbirth comes with risks but also the benefits of being a more mature mom.



Get your house tested for radon gas to help prevent lung cancer.

4

5

When you get hurt, don't be afraid to take it easy. Your body needs rest to heal.

Injured and can't do weight-bearing exercises? Try swimming to stay in shape.

6



7

Know that you don't need to belong to a gym or be in shape to exercise.

Stand up. Too much sitting has proved fatal.



9

Start identifying ways to move in your daily life, like taking a walk after every meal.

10

Use a food tracker to see what you're eating and how much. Once you know, you can make healthier choices.



WANT MORE HEALTHY IDEAS? Check out our summer issue, all about lifelong improvement.

THIS JUST IN

GOOD-FOR-YOU NEWS, CUES AND REVIEWS



ALCOHOL GUIDELINES CALLED INTO QUESTION

Men, you know those guidelines that say you can drink more than women, safely? New research disputes that.

Drinking more than 100 grams of alcohol per week (about one drink per day) is the threshold for health risks, no matter your gender, according to a study published in the journal *The Lancet*. That differs from previous guidelines with higher consumption limits for men than women.

The large-scale study conducted in Europe showed that those who drank more than 100 grams per week had a higher risk of death from certain heart-related issues, such as heart failure and stroke.

THIS JUST IN

GOOD-FOR-YOU NEWS, CUES AND REVIEWS

FDA APPROVES MIGRAINE-PREVENTION MEDICINE

The Food and Drug Administration has approved the first medicine to prevent migraines.

Aimovig is a monthly injection intended for use by people who have multiple migraines a month. It works by blocking a protein fragment that prompts migraines.

Before the new medication, people trying to prevent migraines had to rely on medicines that were developed for other purposes, like treating high blood pressure. Those medicines often were not effective for migraines and had troublesome side effects. During clinical trials for Aimovig, users did not report any serious side effects.

SOCIAL MEDIA



Get Migraines? Join the Club

The Move Against Migraine Facebook group, run by the American Migraine Foundation, provides a place for people with headaches to come together. Join at facebook.com/groups/moveagainstmigraine.

Peanut Butter vs. Almond Butter

• Which butter is better for your health?

Answer: Almond butter, by a sliver.

When you're choosing a nut butter to slather on your apple slice, almond butter is the winner, with better stats for fats.

Almond butter has slightly less saturated fat—the kind that raises cholesterol levels and the risk of heart disease—than peanut butter. It is also high in heart-healthy monounsaturated fats. As a bonus, almond butter is lower in sodium and higher in calcium than peanut butter.

Keep in mind that peanut butter is still a healthy choice, but it's easy to overeat; people don't always realize a serving size is typically a tablespoon or two. Eating peanut butter in moderation has been linked to increased heart health. Some experts think peanut butter comes out ahead when weighing both health benefits and affordability, since almond butter tends to be much more expensive.

Just keep it simple—choose peanut butters with only a few ingredients, such as peanuts and salt, and skip those with added sugar or oil.



► TRUE OR FALSE

Nearly 9 in 10 of all cancers in the United States are diagnosed in people ages 50 and older.

TRUE. Cancer typically is diagnosed in older people. But factors other than age also come into play:

- Some behaviors increase the risk of cancer—for example, smokers are 25 times more likely to develop lung cancer.
- Unhealthy eating and lack of physical activity can affect risk.
- Family history and genetics matter, too.



GESTATIONAL DIABETES LINKED TO KIDNEY RISK

Women who develop diabetes during pregnancy may be at increased risk of early-stage kidney damage, according to a study in the journal *Diabetes Care*.

Those with gestational diabetes who later developed diabetes were nine times more likely later in life to have a high rate of blood per minute passing through the kidneys. The high rate is often a predecessor of early kidney damage.

Researchers recommended that women who had gestational diabetes now consider regular checkups for early-stage kidney damage and treatment.

STATS: ATRIAL FIBRILLATION



2.7–6.1M

people in the U.S. are thought to have atrial fibrillation, called AFib for short, which is a quivering or irregular heartbeat.

9%

of people 65 and older have AFib.

15–20%

of people who have strokes have AFib. That's because when the heartbeat is erratic, as with AFib, it increases the risk of blood pooling and clotting, which can lead to stroke.

>750K

hospitalizations occur each year because of AFib.

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

Get to Know the New Colorectal Screening Guidelines

The American Cancer Society now recommends that colorectal cancer screening start at age 45, rather than the long-standing threshold of 50 years old.

The society made the move because its national cancer registries show a dramatic increase in colorectal cancers, mostly among people ages 40 to 49. The new guidelines mean an additional 22 million American adults would be routinely screened.

The new recommendations suggest that doctors give patients a choice among several screening options, ranging from a colonoscopy to a lab test of stool samples collected at home.



THIS JUST IN

GOOD-FOR-YOU NEWS, CUES AND REVIEWS

WALK YOUR WAY TO BETTER HEALTH

Walking is one of the easiest and most convenient ways for busy women to sneak in exercise.

Dorothy Lindsey, exercise specialist for WK Fitness & Wellness Centers, says walking is ideal for the working woman and the busy mom because it can be done almost anywhere: in the gym, inside a mall and outside, just to name a few.

“Everyone should be able to find the time and a place to walk,” she says. “The benefits are tremendous. A regular walking program can help reduce high blood pressure and high cholesterol. And brisk walking can lower risk of heart disease. Active women tend to have fewer chronic diseases and be healthier later in life.”

Additionally, unlike higher-impact activities, walking is easy on the joints and helps lower risk of bone density issues, Lindsey says.

CALL



Finding the Best Exercise for You

Are you ready to incorporate more activity into your life?

Visit your nearest WK Fitness & Wellness Center and ask an exercise specialist about the workouts and walking routines that are best for you. Call **318-212-4475** or visit our website, **wkfitness.com**, for details.

It's not just for kids.

WORKOUTS THAT WORK: JUMPING ROPE

Jumping rope is not just for kids. If a 150-pound person jumps rope at a moderate pace for 15 minutes, she burns the same amount of calories as running for 15 minutes at a pace of 10 minutes per mile.

Even better, jumping rope brings other benefits, including:

- ▶ Increasing coordination, because of its cyclic nature and the rhythm required of the eyes, feet and hands
- ▶ Improving cognitive function by learning new motor patterns and increasing communication among brain, wrists and muscles

Jumping rope is a simple, inexpensive exercise that packs plenty of punch. That's worth jumping for joy!



PHOTOS AND ICON BY GETTY IMAGES



WHAT ARE THE ODDS

of a person older
than 65 falling in
a given year?



1 in 4

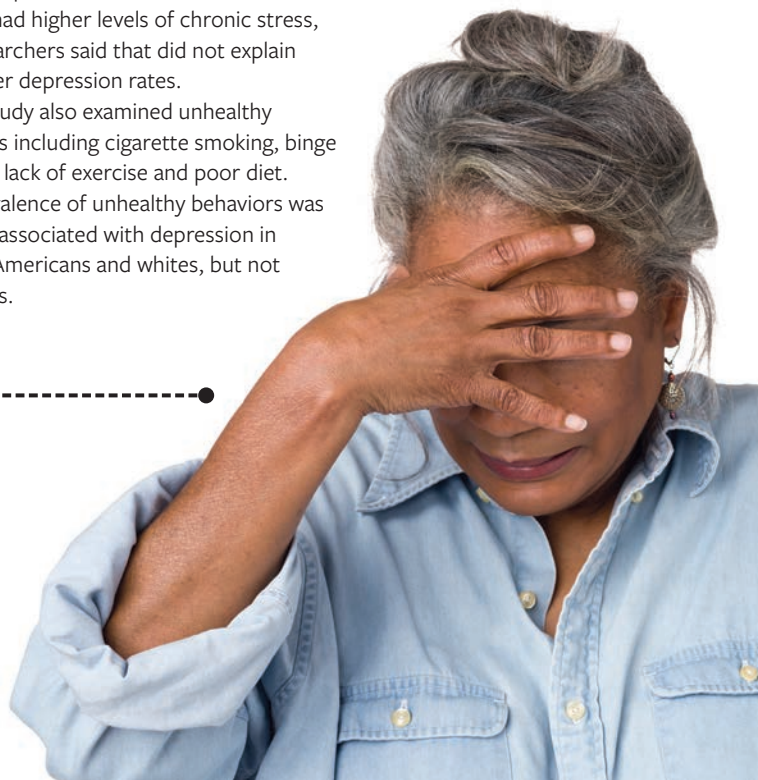
Falling is the No. 1
cause of fatal injury
among older adults
and the most common
reason for trauma-related
hospital admissions among
that population.

African-Americans and Latinos at Higher Depression Risk

African-Americans and Latinos are much more likely to be seriously depressed, though the reasons why are not well understood, according to a study in the journal *Preventive Medicine*.

The seven-year study included 12,272 people ages 40 to 70 and aimed to capture the effects of chronic stress over the participants' lifetimes. African-Americans and Latinos had higher levels of chronic stress, but researchers said that did not explain the higher depression rates.

The study also examined unhealthy behaviors including cigarette smoking, binge drinking, lack of exercise and poor diet. The prevalence of unhealthy behaviors was strongly associated with depression in African-Americans and whites, but not in Latinos.



JARGON WATCH

IMPETIGO: The word impetigo sounds imposing, but the medical condition is simple: It's a skin infection common in babies and children. Most often, children get red sores around the nose and mouth that begin as small blisters and then get crusty. Impetigo is caused by bacteria and is easily spread by person-to-person contact.

Oh, no—last night's dinner might ruin breakfast.



THE TRUTH ABOUT **FOOD POISONING**

From grocery stores to restaurants to your own kitchen, dangerous germs lurk everywhere. Here's what to know to reduce your risk



It's a truly miserable feeling—the dreaded stomach cramps, nausea, vomiting and diarrhea that can strike after you eat contaminated food. The Centers for Disease Control and Prevention estimates that 48 million people in the U.S. get food poisoning each year. And it's not just an inconvenience. Annually, 128,000 people are hospitalized and 3,000 die from foodborne illnesses.

“While it's easy for food poisoning to happen, it's also relatively easy to prevent. When you're depending on someone else's cooking, it's a challenge, but at home you can follow safe food-handling practices,” says Carl R. Olden, MD, a family physician and member of the board of directors of the American Academy of Family Physicians.

Test your knowledge of how to keep yourself safe from this wretched experience.

TRUE OR FALSE:

Rinsing chicken is the best way to protect against germs or contaminants on the surface.

→ **FALSE.** This long-debunked belief still pops up in cookbooks and on cooking shows. Rinsing chicken (or red meat or fish) just makes it likely you'll splash germs onto your kitchen sink and counter, where they can multiply. Instead of rinsing, simply cook the chicken to an internal temperature of 165 degrees F—that's high enough to kill the bacteria that might be living on it. You can blot chicken dry with paper towels if you prefer a drier surface for cooking, Olden says.

TRUE OR FALSE:

You should wash fruits and vegetables even if you're going to discard the peel or rind.

→ **TRUE.** You don't have to use soap, but you should rinse produce thoroughly before you peel or slice it. Otherwise, germs could transfer to your hands or your knife blade and spread to the pieces you're going to eat.

TRUE OR FALSE:

If you suspect you have food poisoning, you need to look back at what you ate for several days to try to figure out what caused it.

→ **TRUE.** Different bacteria, parasites, viruses and toxins can cause food poisoning. With some causes,

symptoms begin in just an hour. Others can take days. And sometimes, you'll never know what made you sick. Between the number of meals and snacks you eat over time and the fact that not everyone who eats a contaminated food gets ill, it's not always possible to identify the culprit.

TRUE OR FALSE:

Once you've defrosted meat, it's OK to freeze it again.

→ **FALSE.** Refrigerate meat as soon as you get it home from the market. If you're not going to cook it within 48 hours, freeze it, and be sure to put it in bags or containers that will prevent it from dripping on other foods. "Once you thaw it, use it or discard it," Olden says. "You can't keep freezing and rethawing over and over. You'll increase the risk of contamination."

TRUE OR FALSE:

Hot foods should cool to room temperature before you put them in the fridge, so they don't warm up other nearby fridge foods to unsafe temperatures.

→ **FALSE.** Cooling leftovers to room temperature increases the risk of bacterial growth. They can go into the fridge as soon as they are cool enough to handle. If you have lots of hot food that you want to refrigerate or freeze, like soup or stock, separate it into smaller containers so it chills more quickly. ■

IS YOUR FOOD SAFE?

Did you know food poisoning can make its way into your home before an outbreak is reported?

Lou Trosclair, patient care coordinator for WK Bossier Health Center emergency department, advises to always check labels and dispose of expired items and food that doesn't look or smell right.

"You don't want to chance it," Trosclair warns. Foodborne illness is the result of eating contaminated, spoiled or toxic food, and symptoms can last from a few hours to several days and cause stomach cramps and possible hospitalization.

Trosclair offers these food safety tips:

- Wash hands and surfaces often.
- Do not cross-contaminate food items.
- Cook food to the correct temperature.
- Store food properly.

WEBSITE



Had Bad Chicken?

If you think you have food poisoning, visit a Willis-Knighton Quick Care facility near you. No appointment is necessary, but you can register online before arriving at wkquickcare.com.

HOW TO HELP SOMEONE WHO IS BLEEDING

If you witnessed someone bleeding—a lot—would you know what to do? Learn the steps that could save a life



When there's an accident or emergency, we look to first responders and emergency physicians for help. But if someone is hurt and bleeding heavily, those professionals might not be first on the scene.

"The true first responder is often you or somebody in your neighborhood—a friend, family member or co-worker," says Rade Vukmir, MD, emergency and critical care physician and spokesman for the American College of Emergency Physicians.

If you're comfortable with it, we'll show you how to help someone who's bleeding—and possibly save that person's life.

1 Ensure Scene Safety

"If it's a mass-casualty incident, law enforcement might be handling this part, making sure the area is safe for emergency personnel to enter," Vukmir says. But for something in a home, at work or on the roadways, it's on you. Start with logical precautions: If someone's been injured by machinery, ensure that it's turned off before proceeding. If you're helping after a car accident, be sure that you are safely off the street before assisting.

2 Locate What's Bleeding While Calling for Help

You've probably been told that in case of emergency, call 911 first. But when someone is bleeding, time is critical, so you can get started helping the person while you're calling, Vukmir says. (Or, even better, get started while someone else calls.) First, determine where the bleeding is coming from. Remove clothing from around the wound to get to the source, but if a foreign object is present, work around it versus removing it.

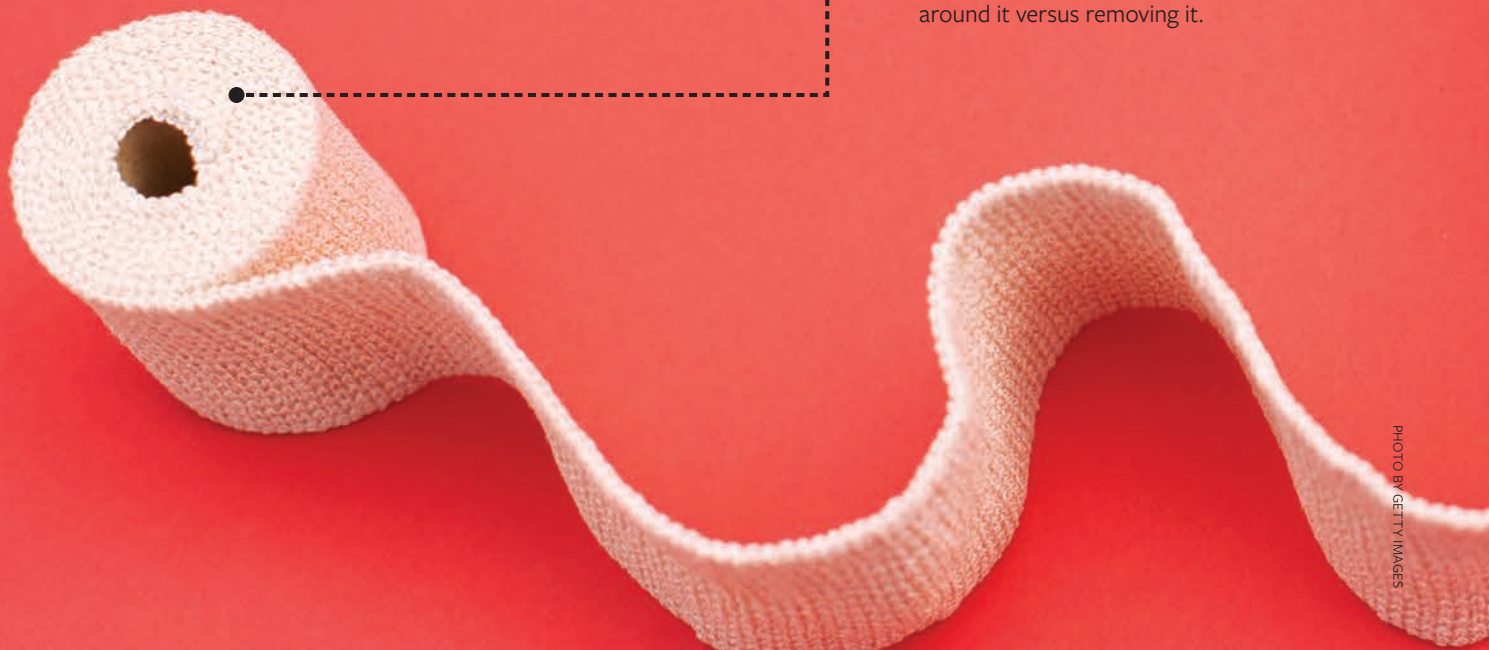


PHOTO BY GETTY IMAGES

3 Apply Pressure to the Site

Once you've found the source of the bleeding, use a sterile bandage or clean cloth and apply direct pressure to stop it, Vukmir says. Use as little material as possible; more material can make it difficult to maintain pressure.

"I want to visualize the wound once and try and get finger or hand pressure on it," he says. "If that stops the bleeding, I'll apply a small, adherent dressing, allowing more focused pressure on the wound itself."

While the dressing can be anything clean, if you're at work or at a

public event, there may be a first-aid kit nearby with what's called a hemostatic-impregnated bandage. "Our troops carry these," Vukmir says. "They are incredibly light and have a hemostatic product inside that will help to stop the bleeding."

Don't remove the dressing if blood seeps through; add a bit more and keep pressing firmly.

4 Make a Tourniquet if Needed

If more powerful pressure is needed to stop the flow, a tourniquet placed just above the wound can be an alternative. Whether you use one from a first-aid kit or make one with a belt, cord or shoelace, Vukmir says the key is to cinch it down tight and tie a knot. Then tie a second knot around a windlass—a sturdy object 4 to 8 inches long, like a stick or a carabiner—that you can use to twist the tourniquet tighter if needed.

5 Stay Focused

While people worry about not applying the dressing right or getting it too tight (or not tight enough), Vukmir recommends staying focused on your task. "Your job is just to put it on," he says. "Get pressure on it, stop the bleeding and hold the pressure until a professional comes who can relieve you." ■

WEBSITE



When to Go to the Emergency Room

A hospital's emergency department is for serious or life-threatening problems. For examples of what's ER appropriate, see wkhs.com/vim/qc-vs-er.

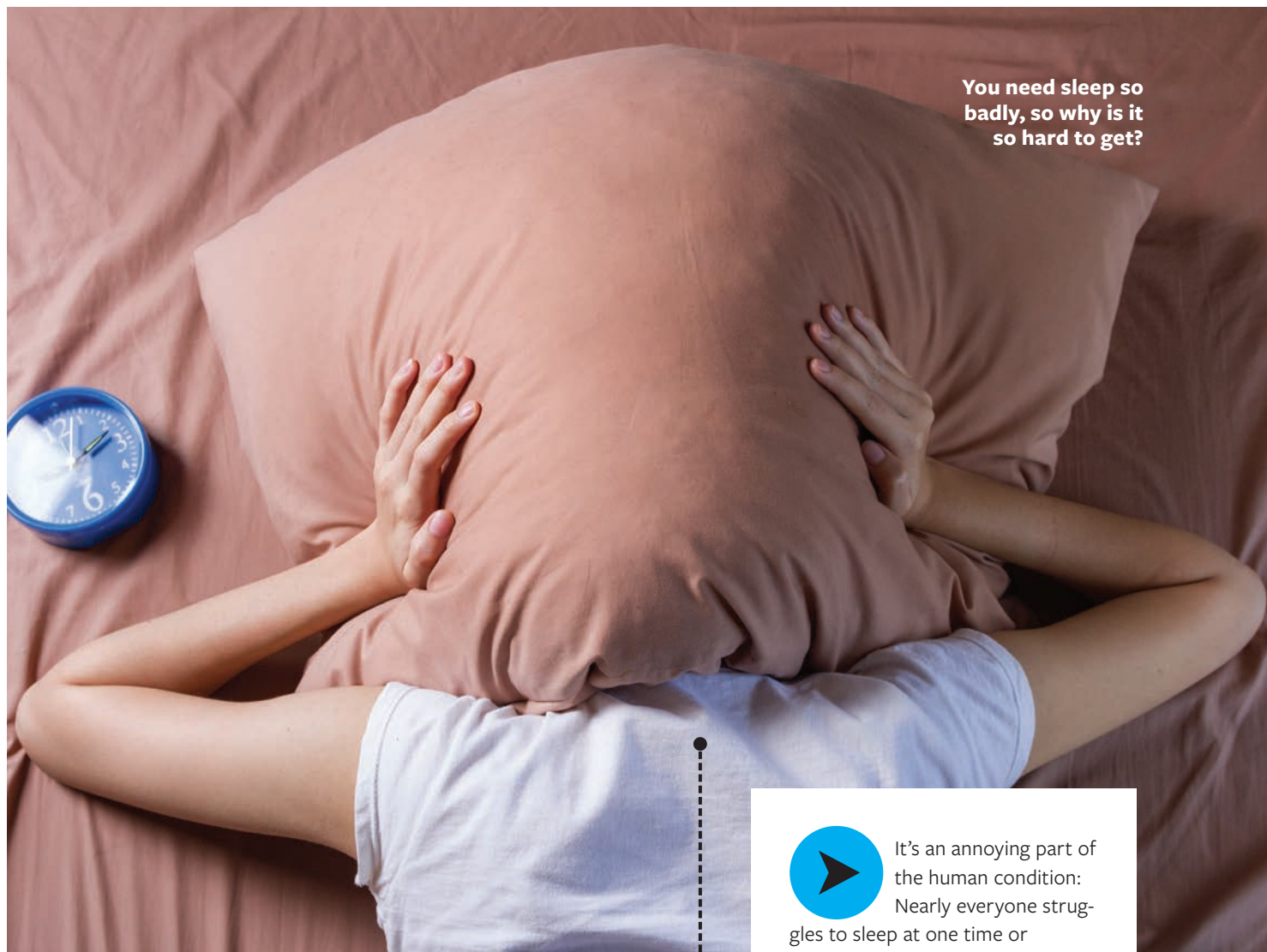
WOUND SAFETY TIPS

According to the American College of Emergency Physicians, bleeding is the leading cause of trauma-related death in the United States. If you find yourself needing to help someone who is bleeding, sometimes knowing what not to do can help save a life. Adrian Pavlick, MD, of Willis-Knighton Quick Care, offers three things you should avoid when dealing with a freshly bleeding wound:

If an object penetrates a tissue, don't remove it. "The object may be holding pressure against a blood vessel that could otherwise bleed heavily," Dr. Pavlick says.

Do not remove dressings to check how a wound is closing. "Once a dressing has been applied and bleeding appears to slow down, leave it alone," he says. "Removing the dressing to look might strip off any fresh clots, which could cause bleeding to start again."

Do not apply bandages too loosely out of fear of damaging the tissue. "A significant amount of pressure may be required to stop bleeding until a medical professional can provide definitive care," Dr. Pavlick says.



You need sleep so badly, so why is it so hard to get?

FREAK OUT OR CHILL OUT?

We all need sleep. But from crying children to free-floating anxiety, it can be hard to get. Here's how to know what requires medical attention



It's an annoying part of the human condition: Nearly everyone struggles to sleep at one time or another. But chronic sleep problems can impair your quality of life and mental health, not to mention your ability to care for your family and your performance at work.

Sometimes, professional medical help can put an end to the sleepless nights. Eric Olson, MD, a pulmonologist (respiratory expert), sleep medicine specialist and member of the American Academy of Sleep Medicine, shares his tips on deciding when you can solve your sleep issues on your own and when you should seek expert advice.

PHOTO BY GETTY IMAGES

Q You're struggling with a big project at work, and you're wide awake at night with details and deadlines swimming through your head.

Should you try an over-the-counter sleep aid or just push through the sleepless nights until the project is finished?

TRY NONPHARMACOLOGICAL

OPTIONS FIRST. Olson says to start with the obvious sleep stealers—minimize alcohol and caffeine, get some exercise, keep kids and pets out of the bedroom, darken your bedroom, and turn off the TV and smartphone.

A lot of people find if they schedule time earlier in the day to worry about a problem in their lives, it can help them sleep better at night. "Make a list or think in a methodical way about your stressors," Olson says. "They don't have to be solved. For many people, just listing them is enough."

If you find that you're turning to over-the-counter sleep aids nearly nightly, your insomnia goes on for more than three months, or your daytime fatigue is affecting your job or relationships, talk to your doctor.

Q Your spouse says your snoring is loud, and it sounds like you're gasping. You say everybody snores and it's no big deal.

Is your snoring normal, or could it be sleep apnea?

IT COULD BE SLEEP APNEA. Sleep apnea is tricky, since its signs and symptoms—snoring, choking or gasping, waking up unrefreshed and being drowsy during the day—could be caused by other conditions. "More people

snores and don't have sleep apnea than snore and do have sleep apnea," Olson points out.

That said, if your snoring is disrupting other people, waking you up every night or loud enough to hear outside the bedroom, you should have it checked out. Sleep apnea is related to an increased risk of cardiovascular problems, but it can be treated.

Q You don't know what you were thinking—your baby isn't sleeping through the night yet, and neither is the puppy you let your older kids adopt a month ago.

Can you stave off sleep deprivation, or do you have to tough it out until both the baby and the puppy grow up?

YOU CAN MINIMIZE SLEEP

DEPRIVATION. "You have to try to budget enough overall time for sleep," Olson says. Sleep deprivation can make it hard to think clearly and can affect your mood, and it could contribute to long-term health problems. While it's normal for new parents to struggle with sleepless nights, the goal is seven hours in a day, and it doesn't need to happen all at once. So if you can't get in that much overnight, try to fit in some strategic daytime napping.

QUIZ



Are You Sleep Savvy?

Is snoring harmful? Does everyone dream every night? Take the National Sleep Foundation's 12-question true-or-false quiz at sleepfoundation.org/quiz/sleep-iq-quiz to find out.

Q Ever since you were a child, you've had an urge to move your legs or get up and walk around during the night.

Should you keep walking it off, or is this a medical issue?

IT MIGHT BE RESTLESS LEGS

SYNDROME. Restless legs syndrome is an irresistible urge to move your legs, and it's more common than people think. "Many people have it in childhood and attribute it to growing pains or other things, and it becomes a fact of life," Olson says. Your healthcare provider can talk to you about solutions.

Q Your spouse says you're acting weird overnight—talking, crying and laughing. It seems like you're acting out your dreams.

Is it just dreaming or something more serious?

IT'S POSSIBLY A PARASOMNIA.

Parasomnias are conditions, including sleepwalking, where there are unwanted movements or vocalizations during sleep. You should talk to your doctor. Some parasomnias can be treated by getting enough sleep, while others may need medication to get them under control. ■

HEART FAILURE WARNING SIGNS

Is your ticker trying to tell you something? Learn to recognize the symptoms of this life-threatening condition



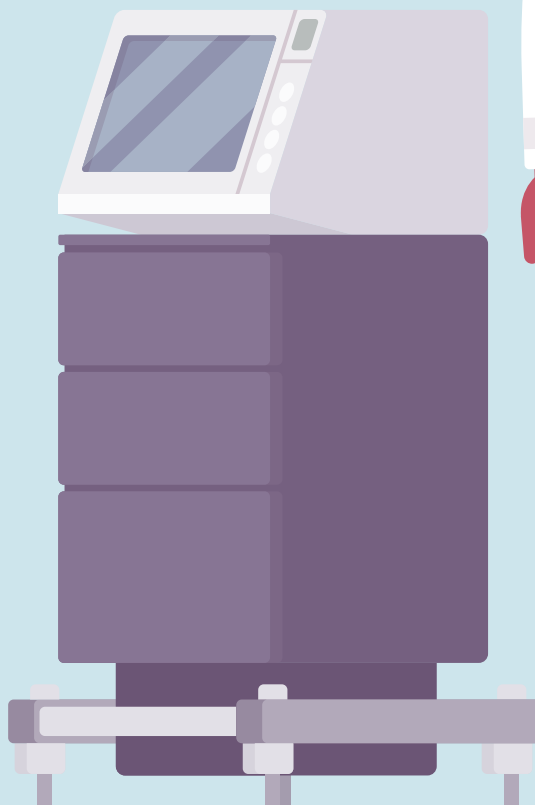
Heart failure is often misunderstood, and maybe its name is partly to blame. Because it sounds as though the heart has, well ... failed. Like it won't work at all anymore. But in reality, heart failure means your heart isn't pumping properly, and its ability to provide oxygen and nutrients to your body has been weakened. Unlike a heart attack, which comes on suddenly, heart failure usually develops and worsens over time.

Recognizing its warning signs and seeking care immediately is critical because once you have symptoms, the early stages of heart failure have begun.

"It takes days to weeks of changes in the body before it actually manifests outside," says Gurusher S. Panjra, MD, a cardiologist and chair of the American College of Cardiology's Heart Failure and Transplant Council.

"If you ignore them, you'll end up requiring hospitalization and invasive treatment. But if they're caught early, they can be treated with appropriate therapy, and it can change your quality of life."

Here are a few of the biggest symptoms to watch for.



ILLUSTRATIONS BY GETTY IMAGES



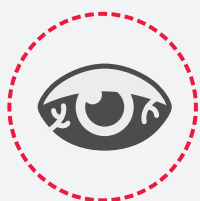
SHORTNESS OF BREATH

It's more likely to occur when you're on the move, but shortness of breath can also happen when you're resting or even while you're sleeping.



CONFUSION

Changing levels of sodium and other substances in the blood can leave you feeling confused, forgetful and disoriented.



FATIGUE

When your heart can't pump enough blood to meet your body's needs, less essential tissues (like muscles in your limbs) get short-changed. As a result, you may feel unusually tired even during simple daily activities like walking or climbing stairs.



COUGHING/WHEEZING

With heart failure, the heart may not be able to keep up with the supply of blood, which can back up in the veins that return it from the lungs to the heart. This can cause a buildup of fluid in the lungs—and chronic coughing or wheezing.



EDEMA

Excess swelling is most likely to occur in your feet or ankles, but it can also occur in your abdomen and can cause noticeable weight gain.



HEART PALPITATIONS

Your heart may beat faster to compensate for its loss in pumping capacity. ■



DIGESTIVE ISSUES

Ongoing nausea and loss of appetite can occur. Gallbladder disease and reflux can produce these symptoms, "but it can be a major sign of heart failure in some people," Panjraht says.

APP



Support from a Trusted Source

Facing heart failure can be scary, but support is available. Download the **HF Path** app from the App Store or Google Play. It's a self-management tool from the American Heart Association that can help you live better with the condition.

THREE WAYS WITH LEEKS

Aromatic and tasty, these nutrient-packed bulbs aren't just for fancy French soups



It's possible you can't remember the last time you ate a leek, let alone bought a bunch at the market. If you only know leeks as the main ingredient in creamy, bistro-style soup, it's time to unearth some new ways to prepare them. The leek is part of the allium plant family, and its more familiar cousins include onion, garlic, chive, scallion and shallot. Some chefs, when seeking a subtler, sweeter flavor, substitute leeks in recipes that call for garlic or onion.

Leeks are high in vitamin K, which contributes to blood and bone health, says Ginger Hultin, a registered dietitian, spokeswoman for the Academy of Nutrition and Dietetics and author of the Champagne Nutrition blog. They're also an excellent source of vitamin A, believed to support immunity and vision function. Rounding out the profile are important substances like vitamin B6 and folate, which help metabolize food into energy, and vitamin C, which encourages wound healing.

"Some people discredit white-colored vegetables as being less healthy than dark, leafy greens or other colorful options, but that couldn't be further from the truth," Hultin says. Leeks also have antioxidants called flavonoids and sulfur-containing compounds, which "have shown some promising anti-cancer and heart-healthy effects," she says. Here's how to incorporate these green-and-white beauties into your weekly meals.

1 ADD THEM RAW TO SALAD

Because of their mild flavor, leeks don't need to be cooked, but they should be carefully cleaned and prepped. Rinse them first, then chop off both the root end and the leaves' tough, dark-green end. Next, cut the leek lengthwise and make a series of crosswise cuts with each half (you'll end up with crescent-shaped pieces). Because leeks grow underground, they tend to contain lots of sandy soil between their folds. To remove it, soak the chopped pieces in a bowl of water before draining them in a colander and drying well with paper towels.

2 CARAMELIZE THEM


Follow the steps above, then heat olive oil in a large skillet over medium heat. Add the leeks, season with salt and cook, covered but stirring occasionally, for 15 to 20 minutes, until they have a golden-brown color. If leeks begin to burn at any point, reduce heat. Caramelized leeks can be added to quiches or gratin dishes or used atop homemade pizzas.

3 ROAST THEM

Chop off both ends and slice leeks in half lengthwise. Rinse the halves thoroughly under cool water, gently peeling back the leaves to dislodge soil and sand. Pat dry, then toss with olive oil and season with salt. Place on a baking sheet and roast at 425 degrees for 10 to 12 minutes, turning once halfway through.



PHOTO BY GETTY IMAGES



Onions aren't
the only thing
to caramelize.

DIG DEEPER ON LEEKS

► **Leeks are hardy veggies.** Depending on how fresh they are when you buy them, leeks can keep in the vegetable crisper for up to two weeks. It's best to wrap them loosely in plastic and keep them whole until you're ready to use them.

► **Don't freeze leeks unless you've cooked them first.** Raw leeks tend to become bitter and mushy when frozen, but cooked dishes like soups and quiches will keep well.

► **They go way back.** The ancient Greeks and Romans were fond of leeks, and Emperor Nero, who was one of their biggest fans, believed that eating leeks would strengthen his voice.

► **They are the symbol of Wales.** On the feast day of St. David, the country's patron saint, many Welsh people carry leeks or wear them as boutonnieres. The tradition has also come to include the daffodil, another national icon.

APP



Cooking Coach

As the name suggests, using the **SideChef** recipe app, available from the App Store and Google Play, is like having a chef by your side offering tips as you cook. The thousands of recipes are highly visual: Each one guides you with not only text, but also a series of color photos. You can scale the recipes up or down, create shopping lists and set timers.

SUNSCREEN



EVEN WHEN THERE IS CLOUD COVER,

as much as **80 percent** of damaging ultraviolet (UV) rays can penetrate your skin.



More than

75 percent

of changes in skin over time are from the effects of sunlight. Sun exposure is strongly linked to skin aging.

More than

25 percent

of women and

30 percent

of men do not consistently protect themselves from sun exposure.



SPF 50

MOST PEOPLE APPLY LESS THAN HALF

the recommended amount of sunscreen. Most adults need a golf ball-sized amount to cover all exposed skin.

No. 1—

Skin cancer is the most common cancer. Reduce your risk by wearing sunscreen every day.

Source: American Cancer Society

Select Your Sunscreen with Care—and Then Wear It

Not every sunscreen formula is created equal, says dermatologist Debra Jaliman.

Jaliman, author of *Skin Rules: Trade Secrets From a Top New York Dermatologist*, prefers physical sunscreens—instead of chemical—because they don't degrade in the sun. They sit on the surface of the skin to deflect UV rays and act as a physical block. To identify a physical sunscreen, look for a high concentration of zinc oxide or titanium dioxide in the ingredients.

Chemical sunscreens, which contain ingredients such as avobenzone and octinoxate, can become ineffective over time when exposed to sunlight.

For any sunscreen, make sure you choose one that's broad spectrum, blocking both UVA and UVB rays.

Jaliman is a fan of spray sunscreens in particular because they're so easy to apply. She recommends following a few guidelines for applying sprays:

- Don't apply outside when it's windy.
- Rub it in after spraying on.
- Spray over each area twice so you don't miss spots.

Whatever kind of sunscreen you use, Jaliman says, apply it no matter what—even if it's cloudy or you're only going to be outside for 10 minutes. Your skin can be damaged at any time, so protect it.

TOOL



Questions About Sunscreen?

The American Academy of Dermatology answers frequently asked questions, such as how to choose an SPF and how to protect a baby in the sun, at aad.org/media/stats/prevention-and-care/sunscreen-faqs.

Teamwork AND Technology SAVE LIVES

*The techniques at Willis-Knighton
treating structural heart conditions*

BY **DARRELL REBOUCHE**



It's almost certain you know someone who has been affected by heart disease, which research indicates is the cause of 1 in 4 deaths in the United States.

Doctors and researchers across America are highly motivated to find new and innovative ways to treat abnormalities of the heart, and cardiac patients in Shreveport-Bossier are fortunate to have some of the world's best technology here at home.

Highly trained physicians and surgeons at the Willis-Knighton Heart & Vascular Institute are committed to working together to save and improve lives. From this cooperation, the structural heart program was born.

"If your disease involves the structure of your heart, this program is for you," says Carlos Golston, BS, RDCS, an imaging specialist who has been working in the program since its inception.

Innovative Technology

"A lot of the technology we have is the kind you will find in major metropolitan areas like Houston or Dallas," adds Syed Mehmood, MD, a cardiovascular surgeon at Willis-Knighton. Willis-Knighton's hybrid operating suite, a surgical environment that is designed to allow interventional cardiologists and cardiovascular surgeons to work effi-

ciently together, is a key component in the structural heart program's ongoing success.

Prominent among the big-time procedures at the Heart & Vascular Institute is transcatheter aortic valve replacement (TAVR). "TAVR has become the crown jewel of our structural heart program," says Wenwu Zhang, MD, PhD, an interventional cardiologist at Willis-Knighton Cardiology. He says the transcatheter heart valve intervention has become lifesaving technology that is "really revolutionary for patient management."

It's not for everyone, though. TAVR is typically used for patients who are considered at intermediate to high risk for traditional surgery. Typically, open-heart surgery is used to replace a diseased aortic valve. But with TAVR, a new valve is inserted through a small cut

in the thigh using a tube-based delivery system such as a catheter.

Willis-Knighton doctors have been doing the TAVR procedure for more than six years "and the results are great," Dr. Zhang notes, citing hundreds of successful cases. "Our program is very mature."

Individualized Care

Who decides what is the best approach for the patient? Both surgeons and cardiologists. "We usually come together and discuss what is the best approach for each patient," Dr. Mehmood explains. "The structural heart program is a team effort."

"We take our patients by the hand and guide them through the process," explains Angie Correia, RN, structural heart program coordinator. "We try to make the process as convenient as possible for patients and their families."

Better Health Outcomes

"There are two major valvular heart diseases," Dr. Zhang explains. One involves the aortic valve corrected by TAVR, and the other involves the mitral valve. To put it simply, the mitral valve can start leaking, which can reduce the amount of blood that flows into your body and can cause your heart to pump harder.

If the condition is severe, Dr. Zhang says, the valve should be repaired or replaced. "There is a group of patients who, because of age or other factors, cannot go for open-heart surgery, so what choice do you have?" The heart valve team at Willis-Knighton offers a technique called MitraClip, where clips are placed on the valve to help it close.

"We go in through a vein in the patient's leg," says Ryan Master, MD, of Pierremont Cardiology, who performs MitraClip and TAVR. "We go across the heart septum, and we use something like a staple to clip parts of the valve together."

"These TAVR and MitraClip patients, they're the happiest patients when they come and see me after we've done the procedure," Dr. Zhang says. "It's one of the most striking things I have seen."

Correia agrees, saying, "We are giving patients a quality of life they thought they would never have again." She says often people didn't realize how sick they were until after they received a new valve. "These structural heart procedures are giving patients a new lease on life and, more importantly, a future, where before it was limited."

Dr. Master points to a study published in the *New England Journal of Medicine* in 2018 that shows great potential for more people to benefit from this kind of



Syed Mehmood, MD



Wenwu Zhang, MD



The hybrid suite at Willis-Knighton Heart & Vascular Institute is designed to allow cardiologists and cardiothoracic surgeons to work efficiently together.

mitral valve repair. The research shows the procedure can reduce the risk of death by 38 percent in people with secondary mitral valve leaking. “The procedure is only approved for patients with primary mitral valve disease, but there are a lot of patients with secondary severe mitral regurgitation due to heart failure who may benefit from this technology,” he says.

Minimizing Stroke Risk

For people who are diagnosed with atrial fibrillation, there is a high risk of stroke, most often from clots that come from the heart’s left atrial appendage.

Traditionally, these clots are treated with blood thinners, but those don’t work for all patients. “It’s not easy to tell a patient, ‘You are at a higher risk for stroke, but we can’t put you on blood thinners,’” says Sai Konduru, MD, of Willis-Knighton Cardiology. But a procedure done with two small incisions called left atrial appendage closure (LAAC) is a viable alternative. “Now we are able to eliminate a primary source of strokes without putting a patient through open-heart surgery,” Dr. Konduru says.

Basel Kasabali, MD, also of Willis-Knighton Cardiology, says people with a gastrointestinal bleed, cirrhosis of the liver, dialysis or those at fall risk—all conditions that increase a person’s risk of clots—might benefit from

LAAC, too. He celebrates the opportunity to help patients reduce their stroke risk because “it can rob someone of their function and leave them debilitated.”

Doctors also discuss patent foramen ovale (PFO) and atrial septal defect (ASD). PFO, a birth defect, is a hole in the heart that can lead to a stroke. Research also suggests a link between PFO and migraine headaches. ASD is a hole in the septum that separates the upper chambers of the heart. These are structural abnormalities that can be addressed under the umbrella of the structural heart program.

The physicians involved in this program speak with pride about how well they collaborate. Correia says: “We use a multidisciplinary approach to select what treatment option is best for the patient.”

“By having all the disciplines coming together, you’re getting the experience of the whole team,” Dr. Mehmood says. “You get more voices, more and better ideas, and the combined experience of everyone involved.”

Dr. Zhang agrees, adding, “We’re giving more patients a chance to not only survive, but to have a much-improved quality of life.”

The best news for heart patients in Shreveport-Bossier is they have what they need without having to travel. Or, as Dr. Mehmood says, “You’re getting the best treatment that’s cutting edge of anywhere in the nation.” ■

Activities with a Purpose

The Oaks' activity coordinator shares what makes events empower residents to live full and healthy lives BY **TERRIE M. ROBERTS**



When people move to The Oaks of Louisiana, they spend less time preparing meals, working, maintaining a home and caring for family members. They have the majority of 1,440 minutes each day to fill. All that downtime could be quite a challenge if The Oaks did not offer a rich calendar of activities to ensure the highest level of social wellness.

Like folks at any age, Oaks residents want to be active, laugh and learn and live life to its fullest. That is why it is important for them to engage in meaningful, enjoyable activities.

Research shows that senior adults who make social activities a top priority enjoy everything from improved cognitive function to a boosted immune system and improved physical health. On the other hand, when they become less active and socially involved with others, they can become more susceptible to illness, depression and isolation.

Health-Boosting Opportunities

A riveting game of bingo. A rousing game of bean bag baseball. Although there is nothing wrong with these old favorites—and both can be found on The Oaks' independent living calendar each month—Shreveport's premier senior living community offers residents much more.

"We do play bingo, but we do it with a memory twist," says Laura Schlidt,

Laura Schlidt is the Tower at The Oaks activity coordinator. She's tasked with developing engaging programs that improve residents' social wellness and overall health.

Tower at The Oaks activity coordinator. “Each week, we rename the game to some word, generally relating to an upcoming activity. Residents cannot win their prize unless they yell out the new weekly word. By doing this, I engage their memory skills while simultaneously reminding them of something they’ll want to remember to attend.”

During bingo on Mondays, Schlidt gives out hints to upcoming trivia questions. Residents must remember these answers for Trivia Tuesday games in order to win there as well. Adding that competitive edge keeps them engaged and motivated from one day to the other.

“We recognize that residents have different abilities and tastes,” Schlidt says. “We try to offer something for everyone.”

Driven by Purpose

Planning independent living activities is done with a purpose, not guided by a directive to fill days with quantity over quality.

“Purposeful things bring so much to people, even when they don’t realize it,” Schlidt says. “Many events that I do are focused around memory training, as this is such a critical thing for this demographic. I firmly believe you’re never too old to learn, and this is another fundamental component to my planning. I often say to residents that I want them to leave events with more knowledge and information than they had when they arrived. It is my hope that this information triggers them to think about things and encourages them to ask questions to learn on their own.”

It also is important to Schlidt that independent living activities and events each month have an underlying theme to tie them all together. “This adds a level of cohesion to the items on the calendar while still maintaining a degree of autonomy and individuality for each event,” she says. “For everything we do, there will always be an opportunity for growth of some type: intellectually, socially or emotionally.”



Schlidt strives to offer diverse opportunities for communitywide engagement every day, but the task is far from simple with residents of all ages, backgrounds, interests and abilities.

“Listening to the residents is key,” she says. “Learning their experiences and history and finding what interests them helps programs to be developed that are challenging, interesting and entertaining. More importantly, listening to what they do not like helps ensure that programs are focused on what they need and want, thereby increasing participation. No single event will please everyone, and the diversification of programs is what will ensure that everyone finds something at some point.”

Because The Oaks subscribes to the International Council on Active Aging’s seven dimensions of wellness philosophy and promotes overall wellness through its lifestyle programs, it is important that activities and events support these dimensions of wellness, too.

“Most of our activities will address the social dimension of the seven, but we also focus on the intellectual and emotional components,” Schlidt says. “For example, providing an event that has a speaker with a historical topic may conjure up memories of something the resident once did in his or her life. This addresses the occupational dimension but may also address the emotional as they reflect on a prior career or hobby.”

Learning what the residents did in their careers before retirement also allows Schlidt to use their strengths in planning and give them a time to recount their prior occupations.

Empowering Residents

Whether an event or activity is a success is not solely measured by the number of participants. It may seem that time, money and energy are better spent on activities that get more people involved, but Schlidt doesn’t see it that way.

“A testament to a successful event is hearing residents discuss an upcoming program or reveling over a prior day’s event,” she says. “This means they’re engaging their memory skills while building social relationships. Big and fancy isn’t always best. Sometimes it is the interpersonal connection between residents and with staff that makes the event a success.”

She also wants to provide the tools to empower residents to engage on their own initiative.

“This is independent living; creating groups such as our new service organization merely provides a venue by which residents can exercise their desires to help others,” she says. “My job is simply to provide them with the seeds of creativity and the tools to plant them. They are fully capable of doing their own gardening and sowing the crop.”

Ultimately, Schlidt says, the goal for independent living residents at The Oaks is to leave an activity with a positive takeaway and a smile, to feel as if they are truly living and not just existing, to be excited about upcoming events and to have a strong sense of anticipation. “We have so many great resources here, and it is my hope that they fully engage and find their time here to be one of the most positive and happy times in their lives.” ■



Renee McCuller, chief nursing officer at WK Rehabilitation Institute, far right, leads a discussion during rounds.

OUR (New) **PROMISE** *to You* Willis-Knighton staff is always working to continuously improve care **BY MARILYN S. JOINER**



One person making a promise can be meaningful. Thousands of people making the same promise—sharing the same vision—is even more powerful. That’s the thought behind the WK “Always Here” promise.

As a locally owned hospital for more than 90 years, Willis-Knighton has consistently demonstrated its mission—its promise—to continuously improve the health and well-being of the people it serves. In that promise, the word “continuously” is significant. It means that Willis-Knighton can never be satisfied and will always strive to do more to respond to community health needs.

The History of Willis-Knighton's Dedication

Making a promise is not new for Willis-Knighton. In 1987, WK employees gathered at its then two hospitals (Willis-Knighton Medical Center and Willis-Knighton South) to sign posters with the pledge, indicating this promise:

"I pledge to give our patients the same quality of care that I would want to receive. I will be courteous and considerate, and I will speak softly.

"When I meet strangers, I will introduce myself and offer to help. When I meet a friend, I will smile and call him by name. I will try to anticipate the needs of others. I will keep my patients informed to reduce their anxieties.

"To respect the privacy of others, I will knock before entering a room, and I will think before speaking. I will assist my co-workers freely and willingly. I will listen to criticism without becoming defensive.

"When I am on the phone, I am Willis-Knighton, so I will be pleasant, helpful and understanding. I am part of a long, proud medical tradition. I will make my appearance reflect my pride."

A Modern Update

Last year, a team of employees from departments throughout the health system met to focus on enhancing and updating this promise to patients and visitors. Working together, they crafted a new Willis-Knighton "Always Here" promise.

Renee McCuller, chief nursing officer at the WK Rehabilitation Institute, spearheaded the initiative as its chief ambassador.

"We've grown so much that we need to be sure that we have consistency throughout the health system, how we interact with patients and how we interact with one another," she says. "We thought that making this part of the 'Always Here' campaign would be a good fit, reinforcing that we are always here for not just our patients but for each other and the community."

Of course, as a nurse, McCuller is particularly interested in patient satisfaction. "People give up a lot of control when they become a patient in the hospital, and that makes them anxious," she says. "We want to help them know what to expect, what's happening, what the next course of action is—things like that to keep them informed."

The "Always Here" Promise

Together, we will continuously improve care by listening with empathy, caring with compassion, and communicating with respect and clarity—creating a safe and healing experience for our patients, their families and each other.

During the visioning sessions for the initiative, employees talked about the things they wanted for themselves or loved ones when visiting a hospital. They talked about how they wanted the health system to be perceived.

Realizing that a promise is no good unless it is widely understood and accepted, the team adopted an acronym to help employees remember how to deliver the promise, CICARE.

- ▶ **CONNECT** with kindness.
- ▶ **INTRODUCE** yourself.
- ▶ **COMMUNICATE** what you're going to do.
- ▶ **ASK PERMISSION** to enter a room or undertake an activity, anticipate needs and concerns and address them with empathy.
- ▶ **RESPOND** to patient questions and requests promptly. Explain what you can do, and let the person know how you will follow up.
- ▶ **END WITH EXCELLENCE** by ensuring that the person's needs have been met and explaining what will come next. End each encounter courteously and with appreciation.

Training programs were initiated with all employees to bring everyone on board with the WK "Always Here" promise. McCuller has been excited but not surprised by the positive response, as employees throughout the health system have pledged their promises. Teams of clinical and administrative staff now visit most hospitalized patients each day as part of enhanced communications.

Clearly, employees are taking pride in delivering compassionate care in a caring manner, whether it's in the hospital, in the cafeteria, at a clinic or on a telephone call. "That's just how we do things here at WK," McCuller says, smiling, a perfect champion with a caring heart. ■



Jean Eppler is enjoying this chapter in her life as a new resident at The Oaks of Louisiana.

ADVENTURE AT THE OAKS

How one fearless woman found excitement in her new community



The aroma of pecan-crusted catfish, baked sweet potatoes and tomato pie gently wafts over residents finding their seats in the Alta and John Franks Community Centre dining room. The table affectionately known as “The Natchitoches Ladies and Martha” fills slowly as Jean Eppler, Doris Norman, Dot LaCaze, Cleola Chism and Martha Peal pull out their chairs, all smiling and greeting other Garden Apartments residents nearby.

“Four of us lived in Natchitoches, so that is how we got the name,” Jean says. “We didn’t know each other prior to moving to The Oaks but shared some of the same friends.”

Now they share a life in this vibrant community of senior adults, and Jean says life couldn’t be better. “I can’t think of one thing to complain about,” she says about The Oaks of Louisiana.

The 77-year-old moved to the senior living community in July 2017 from

Fort Smith, Arkansas, to be closer to her son Todd and his family after living a year on her own after her husband’s death.

“I am very happy here,” she says. “I love my apartment. I love the beauty of the campus. I love the people here. Everybody is so nice and congenial.”

Jean’s happiness as a resident of The Oaks’ Garden Apartments is evident: She wears it on her face for all to see. There is always a twinkle in her eyes and broad smile on her face, and her demeanor is one that draws people close so they share in whatever funny story she is telling or mischief she is causing.

“I love life,” says the woman who completed a tandem jump from an airplane at age 70 and has zip lining over a gator pond on her bucket list. “I love to laugh, and I make friends easily.”

One of her closest friends is Cleola, one of the Natchitoches Ladies, who moved to The Oaks shortly before Jean. “She is one of the most caring people I know,” Cleola says. “It makes you feel good to be around her.”

Cleola says a recent hip replacement has slowed her down, but it “doesn’t seem to bother Jean that I move slower than she does. I have macular degeneration, and Jean will come over and make sure I have the right color threads in order for my embroidery. She just has the biggest heart for everybody.” ■

It doesn't matter who you walk with, just walk.



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