

# Health Connection

A PUBLICATION OF DUKES MEMORIAL HOSPITAL

Be wise—  
immunize!

Start your  
day off right

Why breakfast is your  
most important meal

Cardiac rehab  
can get you  
back on track

Post-holiday  
diabetes help

Women and  
heart disease

Dear friends,

**W**ith the busy holiday season behind us, we once again eagerly await the arrival of spring.

Because February is American Heart Month, this winter edition of *Health Connection* focuses on heart health. Dukes Memorial Hospital (DMH) is proud to partner with the American Heart Association to sponsor the Go Red For Women movement.

**LOCAL HEALTHCARE**

When choosing a physician, we don't often think about how important local healthcare is. Driving an hour or more to see a physician isn't inconvenient when we're healthy. But, during emergencies, our community hospital is the ideal place for care and treatment, so it becomes extremely important to have a local physician.

We're constantly striving to improve our services and programs to make DMH your hospital of choice, and we're proud to be a part of the communities we serve.

If you have suggestions about how we can better serve your needs, please let us know.

Thank you for putting your trust in DMH.

Sincerely,



Debra Close, M.S.,  
B.S.N., CPHQ  
Chief Executive Officer  
Dukes Memorial Hospital



# Team up for fitness

**L**ack of time, motivation and enjoyment are among the top reasons people don't exercise. One way to get around those barriers is to recruit someone to work out with you and make it fun, especially after holiday indulgences! Try these ideas:

- **Find hidden ways to move.** If you can't get your partner to start moving, find local events to attend together that make a perfect excuse to get out for a walk.
- **Explore the power of two.** Many communities have adult coed recreation teams, such as volleyball, bowling or soccer. Find one you both enjoy.
- **Learn a new sport or activity together.** When you're both beginners, it eliminates the tension that can arise when one person is the expert and the other is the novice who's doing it wrong. Consider trying kick-boxing, indoor rock climbing or ballroom dancing.
- **Make a difference.** Join fitness events for worthy causes important to both of you, such as Walk MS for the National Multiple Sclerosis Society or Relay For Life for the American Cancer Society.

**!** A new year, a new you!

**S**tart the year off healthy! Make an appointment with your physician or find a physician close to home by visiting [www.dukesmemorialhosp.com](http://www.dukesmemorialhosp.com).

# Snap, crackle, pop!

## What are your joints telling you?

**Y**our body is a symphony of sounds—that cracking in your ankles, the popping in your knee. What causes these noises? Sometimes, it's just ligaments or tendons tightening and moving with a joint. For the most part, these sounds are normal and don't require any treatment.

But sometimes these noises can signal a more serious problem. A loud pop and locking of a joint can mean that torn cartilage, a piece of bone or something else has gotten caught between joint surfaces. Cracking and grinding may be a sign of arthritis. A loss of smooth cartilage and roughening of the joint surface is to blame for these noises.

### JUST MAKING NOISE?

To find out whether your popping and cracking should be of concern, look for the following signs. See your physician if you have any of these symptoms:

- pain accompanying the popping
- swelling of the joint
- locking or sticking of the joint
- loss of motion or function

### A JOINT EFFORT

The Arthritis Foundation and the American Academy of Orthopaedic Surgeons suggest following these tips to keep your joints healthy:

- Maintain a healthy weight.
- Stretch to increase your flexibility. Ask your physician to help you develop a regular stretching program.
- Stand up straight, shoulders back.
- When you lift heavy objects, use your legs instead of using your back. If you can't lift something yourself, ask for help.



- Alternate heavy activity such as housework, brisk walking or strenuous yardwork with rest periods.
- Wear protective gear, such as wrist, elbow or knee pads, if you're engaging in an activity where you could fall.
- Pay attention to your body. Pain may be a sign you're overworking your joints.
- Eat a well-balanced diet that includes plenty of calcium (1,200 mg a day for those over age 50; 1,000 mg for those ages 19 to 50).

## Knuckle cracking: Bad to the bone?

**S**ome people just can't resist cracking their knuckles. The cracking sound you hear is the "popping" of air bubbles when the joint is pushed or pulled a certain way. Knuckle cracking can certainly be annoying to others, but does it really make your knuckles larger? That old wives' tale hasn't been proven, but this is still a habit you should try to break, as studies point to possible soft-tissue damage in joints, a weak grip and hand swelling as a result of repeated cracking.



# Bouncing back from heart problems

**C**ardiac rehabilitation is a medically supervised program to help heart patients recover quickly and improve their overall physical and mental functioning. The goal is to reduce the risk of another cardiac event or to keep an already present heart condition from worsening.

## WHAT'S INVOLVED

Cardiac rehabilitation includes:

- a progressive exercise program that allows patients to start exercising slowly using bikes, treadmills, arm cycles, Airdynes and strength training
- monitoring heart rate, blood pressure and EKG during exercise
- education on modifying risk factors such as high blood pressure, smoking, high cholesterol, physical inactivity, obesity and diabetes
- nutrition education by a dietitian
- education classes on risk factors, cardiac medications, stress management and home exercise

## A new way of life

**E**xercise is just one part of cardiac rehabilitation. Early on, recovering patients also receive personalized instruction on lifestyle changes; overcoming the stress and anxiety of having a heart problem; and eating nutritious, heart-healthy meals.

Of course, every cardiac patient is directed to stop smoking and, at least at first, to avoid alcohol. A dietitian can design an all-new eating plan featuring fruits, vegetables, whole-grain breads, fish, poultry and low-fat dairy products. These foods help scour the blood and arteries of cholesterol and fatty plaque buildup and keep them from coming back.



## WHO NEEDS IT

Cardiac rehabilitation is helpful to patients who have congestive heart failure or angina and those who have had a recent heart attack, coronary artery bypass surgery or angioplasty. Patients with other heart conditions may also benefit from the program.

The goal of cardiac rehab is to improve your energy level, stamina and strength through a progressive exercise routine that will guide your activities and home exercise program.

## HOW TO GET STARTED

You'll need a physician referral to enter the program. Before you begin cardiac rehab, your physician will order or perform a stress test to measure your heart function during exercise. The results will enable the staff to develop an exercise program specifically for you. You'll be scheduled to begin rehab after your initial evaluation by the staff.

**!** Be the best you can be!

**T**o learn more about cardiac rehabilitation or to schedule an appointment, call Dukes Memorial Hospital's Cardiopulmonary Rehabilitation Department at (765) 475-2390.

# HEART DISEASE: A woman's greatest health threat

**A**lmost 218,000 American women die from coronary heart disease (CHD) each year—more than those who die from breast, cervical and ovarian cancers combined.

Yet most women still think of cancer as the greatest threat to their health and many believe that heart disease is a “man’s disease.” (On the research side, women participants make up only one-quarter of all heart-related studies.)



of symptoms they’re more likely to experience. In fact, one-third of women have the following symptoms, often with no chest pain:

- sudden onset of severe weakness
- stomach upset or nausea with passing weakness
- mild burning sensation in the middle of the chest, which extends outward
- vague chest discomfort
- palpitations, cold sweats or paleness

## THE DIFFERENCES BETWEEN THE SEXES

CHD affects women differently than it does men. It tends to occur in women about seven or eight years later than in men. Women are also about five to 10 years older on average than men are when they experience more serious cardiac events such as heart attack, also known as myocardial infarction. One reason is that women have built-in hormone protection in their premenopausal years: Estrogen helps shield women from heart disease by helping to raise HDL (good) cholesterol levels and lower LDL (bad) cholesterol levels. Once a woman reaches menopause, her estrogen levels drop and her CHD risk rises.

Women don’t always suffer the same heart attack symptoms as men and, therefore, they may deny they’re having a heart attack. Women take about a half-hour longer to seek help at an emergency room. Consequently, they’re also less likely than men to be admitted to the hospital for evaluation of coronary artery disease and tend to be underdiagnosed.

While women may be aware of the classic signs of an attack, such as chest pain radiating down the left arm and difficulty breathing, they aren’t aware

## WHAT’S A WOMAN TO DO?

Both women and men can improve their heart health by getting back to basics:

- Don’t smoke. Women who smoke risk having a heart attack 19 years earlier than nonsmokers.
- Maintain a healthy body weight.
- Eat a low-fat, low-cholesterol diet and limit your salt intake.
- Lower high cholesterol.
- Control high blood pressure.
- Keep diabetes under control. Women with diabetes are two to three times more likely to have heart attacks.
- Limit alcohol use.
- Exercise regularly.

## ! Need a physician?

**B**oard-certified cardiologist Louis Lopez, M.D., is available at Dukes Memorial Hospital every Wednesday. To make an appointment, call (765) 472-8043.

## HEALTHWISE QUIZ

How much do you know about exercise?

Take this quiz to find out.

1 To lose one pound, you need to burn how many calories?

- a. 500
- b. 1,500
- c. 2,500
- d. 3,500

2 A good way to measure the intensity of an exercise is to keep track of your:

- a. heart rate
- b. blood pressure
- c. sweat levels
- d. thirst intensity

3 Exercise can:

- a. reduce depression
- b. help manage type 2 diabetes
- c. boost good HDL cholesterol
- d. all of the above

4 The *minimum* amount of time you should be active every day is:

- a. 15 minutes
- b. 20 minutes
- c. 30 minutes
- d. there is no minimum

5 Which of the following exercises will *not* help you build stronger bones?

- a. running
- b. swimming
- c. lifting weights
- d. dancing

ANSWERS: 1. (d) 2. (a) 3. (d) 4. (c) 5. (b)

# The kidney-heart connection

If you think kidney disease only affects your kidneys, think again. Though researchers can't fully explain the link, kidney disease is an independent risk factor for heart disease and greatly increases the risk of dying from heart problems. In fact, heart disease is the most common cause of death for the more than 20 million Americans with chronic kidney disease.

## WHO GETS KIDNEY DISEASE?

Kidney disease is often called a "silent killer" because many people don't even know they have it until it reaches an advanced stage. Risk factors include being obese; smoking; and having high blood pressure, diabetes or a family history of kidney disease. Ask your physician about testing if you're at risk. If he or she suspects you may have chronic kidney disease, blood and urine samples can diagnose it.

## KEEP YOUR KIDNEYS HEALTHY

If you already have kidney disease, early treatment can help keep it from getting worse. But the best method of attack is to prevent the problem in the first place. Take these steps to minimize your risk:

- **Maintain a healthy weight.** Eat healthful foods and be active every day.
- **Quit smoking.** Besides the damage it can do to your heart, smoking can interfere with medicine for high blood pressure.
- **Get your blood pressure level to 120/80 mm Hg or lower.** Start by slashing salt from your diet and getting more potassium (found in bananas, apricots and broccoli). If changing your diet doesn't help, discuss medications with your physician.
- **Control your blood sugar if you have diabetes.** Dietary changes and medication may be needed.



# 'Brake' for breakfast



**Y**ou wouldn't take off for a road trip with no fuel in your car, so it doesn't make much sense to send your body out for the day with nothing to run on. Your tank needs breakfast.

Studies have shown that those who eat this most important meal of the day are less tired and irritable, have better concentration and are more likely to maintain a healthy weight. Not a bacon-and-eggs person? No problem. Try these

out-of-the-cereal-box suggestions from the American Dietetic Association:

- one cup of vanilla low-fat yogurt topped with whole-grain cereal and berries
- leftover veggie pizza with a piece of fruit and a glass of milk
- whole-grain toast topped with a little peanut butter and apple slices
- whole-grain waffles or pancakes topped with fresh banana
- a super-fast smoothie, made from frozen fruit and yogurt, whipped up in a blender
- a breakfast wrap (try low-sodium deli turkey, low-fat cheese and spinach in a tortilla)
- oatmeal sprinkled with cinnamon and walnuts

## Ready, aim, vaccinate!

**V**accines aren't just for babies. If your child hasn't been to the pediatrician in a while, he or she may have missed some important shots. And don't forget that adults need vaccines, too! Talk

with your pediatrician about your child's specific needs and whether he or she is at high risk. And ask your own physician about *your* needs. Use this handy chart as your guide.

IMMUNIZATION	BIRTH TO AGE 6	AGES 7-18	AGES 19+
Diphtheria, tetanus, pertussis (DTap, Td/Tdap)	4 doses by 18 months; final dose at age 6	Kids need a booster at ages 11-12. For teens, ask your pediatrician if your child is up to date.	Get a Td booster every 10 years. If you're under age 65 and haven't been vaccinated with Tdap before, you need a single dose.
<i>Haemophilus influenzae</i> type b	4 doses by age 15 months		
Hepatitis A	2 doses between 12 and 23 months	High-risk kids and adults need a vaccination.	
Hepatitis B	3 doses within first 18 months of life	Ask your pediatrician if your child is up to date.	High-risk adults should be immunized.
Human papillomavirus (HPV)		3 doses are recommended for girls ages 11-12, or later if a young woman isn't up to date. Ask your physician about the pros and cons of vaccination.	
Inactivated polio virus	3 doses by 18 months	Ask your pediatrician if your child is up to date.	
Influenza	Yearly, for kids ages 6 months to 19 years		Anyone <i>can</i> get vaccinated; high-risk adults and those over age 50 <i>should</i> be.
Measles, mumps, rubella (MMR)	1 dose at 12-15 months; another at ages 4-6	Ask your pediatrician if your child is up to date.	If you haven't had this vaccine, you need it. High-risk adults need a second dose. If you were born before 1957, you're considered immune to measles and mumps.
Meningococcal (meningitis)	Ask your pediatrician if your child is high risk.	It's recommended for kids ages 11-12; otherwise, ask your pediatrician if your child is at high risk.	It's a must for high-risk groups.
Pneumococcal (pneumonia)	4 doses of pneumococcal conjugate by 15 months	High-risk kids and adults need the pneumococcal polysaccharide vaccine. Adults should get vaccinated at age 65; some older adults may need a booster.	
Rotavirus	3 doses by 6 months		
Varicella (chicken pox)	1 dose at 12-15 months; another at ages 4-6	Ask your pediatrician if your child is up to date.	If you aren't up to date and never had the chicken pox, speak with your physician.
Zoster (shingles)			Get it once, at age 60 or older.

Source: Centers for Disease Control and Prevention

## DIABETES ALERT

# Get back on track after the holidays

If you have diabetes, you may promise yourself each holiday season that this year will be different. But if you weren't able to stand firm against the temptation of all your once-a-year favorites and your glucose levels haven't recovered yet, here's some help to regain lost ground.

- **Watch it!** Monitor blood sugar levels and keep good records in a blood sugar log.
- **Kill cravings.** Satisfy your post-holiday sugar cravings with fresh fruit—an orange or apple gives you the added nutritional bonus of fiber.
- **Go lightly.** Choose sugar-free varieties of processed foods like salad dressing and gravy, but check the label to be sure you're not swapping added sugar for added fat.
- **Create new favorites.** If you still have a lingering longing for

holiday fare, look to winter's harvest of cranberries, apples, pears, brussels sprouts, pumpkin and squash for inspiration. Check out cookbooks and magazines that have a health conscience to learn some culinary tricks.

- **Practice portion control.** If you don't want to eliminate it or make it more healthful, limit it.



### Get physical!

Regular exercise—a brisk, 30-minute walk several times a week, for example—may be as effective as diet and medication in controlling blood sugar levels. Ensure a safe workout by checking your glucose levels before and after you exercise. Carry a quick-sugar snack like raisins, soda or a sports drink in case of a low blood sugar reaction. Before exercising, always warm up muscles to avoid injuring them, and drink plenty of water before, during and after your routines. Most important, though, be sure to consult your physician first and discuss your best exercise options.

### ! Stay healthy all year

Talk with your physician about how you can successfully manage your diabetes. Or visit [www.dukesmemorialhosp.com](http://www.dukesmemorialhosp.com) to find more health resources.

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# Health Connection

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